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OBSERVATIONS

ON SOME

POPULAR REMEDIES OF GERMAN PRACTITIONERS.

By Sir GEORGE LEFEVRE, M.D., &c.

GERMAN therapeutics hold a middle rank of action between the French and the English, being more energetic than the former, and less so than the latter. The Germans boast of a simplicity of prescription, and have a horror of contrarieties, carrying this to a ludicrous nicety and an unmeaning orthodoxy. Thus, a solution of sulphate of magnesia in an infusion of roses, or the combination of a laxative with an astringent, meets with the severest criticism from those who profess as much abhorrence of a *contresens* in prescription as nature does of a vacuum.

There is much to commendate in simplicity of prescription, and the multifarious ingredients which formerly entered into the British recipe have not undeservedly merited the stigma of *farrago* applied to the latter by continental practitioners. Dr. Paris long since pointed out the error, and has done much to rectify it. The study of pharmaceutic chemistry and the superior education of the general practitioner of modern days have almost accomplished this desideratum: still we do meet with combinations of materials which would be better for a little sifting.

Unless in form of decoctions, which contain certainly the essence of a large proportion of the vegetable kingdom, and are favourite remedies, a German prescription rarely boasts otherwise of more than two or three ingredients. Nothing is considered to be inert unless it be distilled water, and if active remedies are administered in a variety of other menstrua, the latter are not chosen indifferently, but with a specific view, and to perform a part in the operation of the whole. One carminative water cannot be substituted with impunity for another, it being granted that each has a specific action on the system. In respect to the influence of minute doses the Germans countenance the practice of homœopathists. Their ideas (well or ill-founded as they may be) of infinitesimal doses are illustrated in the preparation of a decoction much esteemed for the cure of eruptions which disfigure female beauty, and which is administered freely in the spring. It is composed of sarsaparilla, dulcamara, tops of the pine, beet-root, buds of the beech tree, &c.; but the most active ingredient is a small piece of glass of antimony tied up in a muslin bag, and boiled for a limited time only in the decoction, which is supposed to be impregnated by it, although it may have lost no weight in the operation.

With respect to active remedies they are generally exhibited in their most simple form. Calomel is generally given in powdered sugar. Blue-pill is rarely, if ever, prescribed, and I have not met with any German practitioner practically acquainted with the hyd. c. cretâ.

When it is the object to introduce mercury by slow degrees into the system, the bichloride is always employed. I must state that I was much disappointed in the effects of our common English preparation of blue-pill in northern latitudes, and I must attribute the failure to some influence in the climate, and not to any fault in the preparation, for I imported it myself from the best London chemists, so that during the latter period of my sojourn in St. Petersburg I invariably employed the bichloride in the treatment of equivocal complaints.

In no climates do these diseases more readily yield to the influence of mercury than in those of northern latitudes, and more particularly in the winter season. The equable temperature of the apartments prevents the patients from catching cold, and the dryness of the atmosphere allows, under certain restrictions, of moderate exposure to the open air. It is positive that the cure is prolonged by external exposure, but it is equally true that the constitution on the whole suffers less than when subjected to close confinement.

I shall not at present agitate the question of the non-mercurial treatment of these complaints, which I may describe at some future

period; I shall at present speak of the bichloride, placing it at the head of the list of popular German remedies, upon which I propose making a few observations.

In primary affections, where the use of mercury is indicated, the patient is put upon low diet, and but a small quantity of animal food, and that of the plainest kind, is permitted. Wine and spirituous liquors are interdicted by the generality of practitioners, but some allow of a moderate quantity of the former, upon the principle of its preventing the debilitating effects of nausea, and mitigating diarrhœa and tormina. Coffee is looked upon as too stimulating, and all condiments in the preparation of the patient's food are prohibited. As a general position, the more simply the body is nourished the more powerfully will specific remedies act upon the disease under which it labours, and the theory, rational in itself, is supported by facts. The patient is generally purged, and advised to take a warm bath previous to the commencement of the course, and the latter is generally repeated once a week during the treatment.

The following is the usual manner of administering the bichloride. I shall quote the practice of Dr. Salomon, whose successful operation of ligature of the common iliac has placed him high in the ranks of surgical eminence:—

℞ *Hydrarg. bichlor.*, gr. iij; *solve in aquâ fontan.*, gtt. ij
Ext. glycyrrhiz, ʒj;
Opii puri, gr. iij. Misce et distribue in pilulas xviij æquales.

The patient commences by taking one pill the first night and one the following morning. The same the second night and morning. Two pills the third night, one in the morning. The same the fourth and fifth night. The sixth night two pills, and two the following morning. Three pills on the eighth night.

The dose is never pushed beyond a grain in the twenty-four hours, and seldom more than two-thirds of a grain are given daily. If things go on well, and the disease feels the influence of the remedy, the dose is again reduced, so that towards the end of the third week no more than the sixth of a grain is taken daily. A pint of the simple decoction of sarsaparilla is drank during the course of the day. Black-wash upon finely scraped lint is the local application, and it is rare that a cure is not effected in the course of three weeks, or after the administration of from ten to twelve grains of the bichloride. The treatment is terminated by an aperient, and two or three warm baths. Such is an outline of the practice which I have seen very generally adopted, and which latterly I employed myself, and I have met with no cases of secondary symptoms where it has been conscientiously followed by the patient.

In some constitutions, which rebel against a continued course of mercury, the hydriodate of potash is substituted for a time. It is administered in large doses, from ten to thirty grains, three times per day. If the local condition of the part improves, and the constitutional irritation ceases, the mercury is again resorted to for the final cure. The Germans seldom combine the bichloride with the hydriodate of potash. In pseudo-syphilitic cases the treatment is confined to the administration of the latter with sarsaparilla. In decided secondary symptoms small doses of the bichloride, long continued, with the decoction.

There is a difference of opinion among German practitioners as regards the advantages or disadvantages of cutaneous perspiration during the administration of mercury. Some advise that the patient should be confined to a room heated to 60° of Fahr., and combine sarsaparilla with the bichloride, from its sudorific properties; whereas a distinguished physician in Vienna, who has acquired celebrity for the treatment of syphilis, particularly under its secondary forms, insists upon a cool surrounding atmosphere, asserting that if the pores of the skin are kept open, mercury loses half its power.

THE MURIATE OF AMMONIA.

Previous to my sojourn in Russia I had never seen this remedy employed, otherwise than in the form of lotion. I have within the last fourteen years had much experience of it as an internal medicine, and have had very convincing proofs of its efficacy, or even preference over other salts, in a variety of complaints. I have stated that tubercular consumption is a rare disease in high northern latitudes; but pleuritic affections, subacute and congestive inflammation of the lungs and their envelopes, are very frequent maladies. These are the effects of vicissitudes of temperature on the breaking up of the winter, and go under the name of *refroidissement*, a term which implies more than our English phrase of catching cold.

In cases of serous and mucous congestion, where the inflammation does not run so high, I have seen this salt employed with the most beneficial effects. In pleuritic affections it is usual to combine tartarised antimony with it, and the following is the formula generally adopted:—

℞ *Mur. ammoniæ*, ʒj;
Antimon. tartar, gr. ij;
Decoc. glycyrrhiz, ʒviij;
Syrup. althææ, ʒj. M.

A tablespoonful of this is given every two hours, and continued in spite of the nausea and vomiting which the first dose or two may occasion.

Administered *per se*, and prescribed with the same view as nitrate of potash, I should, as far as my own experience is concerned, give it a decided preference. I would not

exalt it to the dignity of a specific, nor attribute all its virtues to its deobstruent power, as most of its advocates do. It acts slightly upon the kidneys, and expectoration is often facilitated, but not always so, and cases treated by it *progress* to cure without decided critical evacuation.

In cases of congestion of the mucous membranes, in chronic sore throat, with elongated uvula and flabby state of tonsils and parts about the fauces, it is very beneficial. In that state of the mucous membrane of the stomach caused by the action of a variety of medicines which gives rise to the anorexia accompanying convalescence, I have seen it employed with happy results. The tongue loses its pallor, and acquires a healthier appearance from its use, and it paves the way advantageously for the more decided tonics in the convalescence after gastric fever.

In some forms of uterine disease accompanied by discharges it is also useful. Its salt, unpleasant taste is best disguised in a decoction of liquorice-root, or a solution of the extract in water.

THE NITRATE OF SODA.

The Germans consider this salt as possessing great antiphlogistic powers, and more active than the nitrate of potash; it is indicated in cases of acute inflammation of the lungs and pleura, and supersedes the muriate of ammonia, which is given in subacute and congestive inflammations. I have not the testimony of experience to warrant any preference it has over the nitrate of potass. The Germans still retain the names of natron for soda, and kali for potash. They say natron nitricum, &c.

BITTER WATER.

This is a favourite remedy, and is much used in St. Petersburg; its action is mild and speedy, and when taken in tumbler doses early in the morning seldom fails to purge gently: its taste is mawkish, but much less nauseous than the solutions of Epsom or Glauber salts. Previous to a commencement of a course of mineral waters, it is customary to administer a few doses of this to prepare the way for them. Pregnant women employ this remedy with very great advantage, for it produces all the desired effects without any griping.

THE MURIATE OF SODA,

in the form of brine, in which cucumbers are preserved, is a most popular aperient. A small watery, seedy cucumber is pickled in brine, to which a very small proportion of vinegar and some leaves of aromatic plants are added. Thousands of barrels are prepared annually, and serve as salad for rich and poor during the winter. The liquor, impregnated with the rind of the cucumber and the aromatic herbs, is drank in tumbler doses, and is more popular even than the bitter water.

AQUA LAURO-CERASI.

This preparation is in much and deserved esteem in Germany. I am surprised to find it so rarely employed by London practitioners; it is highly serviceable in spasmodic affections, and is what the French style *calmant* in the most extensive signification of the term. It is prussic acid *drawn mild*, but it is considered to be more available, and, indeed, is almost used to the exclusion of it by continental practitioners. It is a safer preparation; the dose may be increased from ten to sixty drops, and a patient may be trusted with a phial of it. There is a great advantage in administering certain remedies, *per se*; by diffusing them in mixtures made palatable by syrup, &c., decompositions take place, as, for example, chlorine water, which is decomposed by sugar.

The druggists in St. Petersburg are compelled to retail all medicines which are poisonous in small doses in *dark blue bottles*, and all the labels are of the same coloured paper. A piece of paper, upon which is printed "*for external use*," is pasted upon the foot of the phials containing liniments, lotions, &c. This is a very sensible plan, and worthy of imitation.

The aqua lauro-cerasi deserves a trial. It is most useful in spasmodic affections of the stomach, in hypochondriac uneasiness, in hysteria, combined with pain about the uterus. Some mental affections from over excitement are much relieved by it; I have found it very useful in calming the pain arising from the passage of inspissated bile, and small biliary calculi. Whether all these effects are to be derived from the hydrocyanic acid, I have not sufficient experience; if they are equally certain I still prefer the aqua lauro-cerasi as a more available remedy, which may be administered *per se*.

PHOSPHORIC ACID.

I should say that this is given in all those cases where sulphuric and nitric acid are employed in Britain, and that Germans consider it a better tonic than the two latter. It is prescribed in its solid form in pills, but more frequently in the liquid state.

CHLORINE WATER.

This is a very favourite remedy in putrescent fevers, and in cases of ulcerated sore throat which assume a putrid form. It is useful in gargles, and I have employed it with much success in St. Petersburg, where sore throats are very prevalent, owing to the alternations of extreme cold and moisture; I have prescribed it also in form of mixture in camphor julep, or some simple menstruum. Sugar decomposes it.

ARNICA MONTANUM.

This has been introduced into the British Pharmacopœia since I left the country.

Whether it has justified this honour by the estimation in which it is held by the profession I am unable to state. With the Germans it is classed among *sacred* remedies; its virtues are extolled throughout two pages of the "Pharmacopœia Ruthensis." I have been much disappointed in its effects as far as I have been conversant with it. It is generally used in those cases where strychnine is indicated, but is much less efficacious and more uncertain in its operation. I have seen it administered in large doses without producing any sensible effects.

EXTRACTS.

These are very freely used by German practitioners, and the two general favourites are the ext. taraxici, and the ext. graminis (triticum repens). The former is employed in all hepatic affections, jaundice, dropsy, &c. The latter is used as a mild tonic and deobstruent, in the convalescence from gastric fevers. Perhaps no two remedies are so frequently prescribed as the two in question; a great merit is their indigenous growth. The Russians, as far as drugs are concerned, patronise home produce; they have a prejudice against taking such as do not grow in the same quarter of the globe in which they reside, and question the influence of Asiatic products upon European constitutions, unless the European happen to be located in Asia. The domestic medicines of the people, the roots, the herbs, the simples, are also much in vogue with the higher classes, from the circumstance of their indigenous growth.

INDIGO.

This remedy I have seen administered in cases of epilepsy, hysteria, and in all the convulsive affections of children, from such as are the result of teething to those which are caused by effusion on the brain. I have ever protested against the idea of its exerting any beneficial power in such cases, and have discontinued my attendance where a continuation of its use has been insisted upon to the exclusion of more active remedies. It is, nevertheless, a very popular remedy with German practitioners. The

TREATMENT OF ERYSIPELAS

by the latter is altogether confined to antiphlogistic remedies administered internally, and to dry applications externally. The application of anything in liquid form to the part is most severely reprobated, and a practitioner who would apply a cooling lotion to an erythematous inflammation of the leg would risk the censure of the board of medicine (the physicant). There is a great and prevailing fear amongst German physicians of repelling anything in form of eruption, and should this have taken place it seems sufficient to explain the production of any subsequent malady at any remote period. The blood once contaminated by the retrocession of an *ausschlag* (eruption), will require quarts of decoctions to purify it. I have heard of dangerous fevers attributed to the use of Gowland's lotion, as puerperal mania and swelled leg are always ascribed to the absorption of milk into the blood. The *Rose* is looked upon with a jealous eye both as to immediate and future consequences, and a patient who has once suffered from erysipelas is hardly considered out of jeopardy for the rest of his life. If any means have been used to cure the complaint by local applications, then the danger is quadrupled. Metastasis from the extremities to the head is held up *in terrorem*. The treatment in incipient stages is confined to laxatives, sudorifics, and nauseating doses of antimony, and the part is dusted with starch, powder, or chalk and camphor, and the whole limb is inclosed in wadding. If the head be attacked a mask of this cotton wadding is made to envelop it, apertures being left for the eyes, mouth, and nostrils, so that the patient looks like a Spanish inquisitor; all means are employed to divert to the extremities, and the pediluvium with mustard-flour, sinapisms, and dry cupping, are resorted to. No narcotics are permitted at any stage of the complaint, not even to procure sleep when all unpleasant symptoms have vanished. The powder with which the parts are dusted goes by the name of *anti-erysipelatous powder of Berlin*.

TINCT. DIGITALIS ÆTHER.

This is a very useful preparation, and a convenient mode of administering the remedy. The leaves of the foxglove are macerated in ether in lieu of rectified spirit. The nauseating properties of the digitalis are counteracted by the stimulant power of the menstruum, and in cases of serous effusion, where it is desirable to increase the action of the absorbents and to determine to the kidneys, this preparation seems to combine these advantages, without the nausea and exhaustion which frequently accompanies the use of the simple tincture. From five to twenty drops is its range of dose.

REVIVAL OF THE ARTS AMONG THE GREEKS.

Dr. Archigenes, a Greek surgeon, of Epibates, in Thrace (Roumelia), has recently presented to the French Academie de Medicine an instrument which he has invented for operating upon vesico-vaginal fistula. This instrument, which is manufactured by M. Charriere, of Paris, is stated by its originator to preserve all the advantages, avoiding the inconveniences of others for the same purpose, invented by Depierris, Forestier, and other French surgeons. The short notice we have received of its peculiarities would render its description here meagre or unintelligible.

REMARKS ON

TUBERCULOUS CONSUMPTION,

AND ITS

TREATMENT WITH NAPHTHA.

WITH EXPERIMENTS AND CASES.

By JOHN HASTINGS, M.D., Physician to the Blenheim-street Free Dispensary, London.

CONSIDERING the fatal nature of tuberculous consumption, and the frequency of its occurrence, it is not surprising that new remedies and new systems of treatment should, from time to time, be brought under the notice of the profession. Almost every organic and inorganic matter, in an endless round of combinations, has been used with the hope of checking this scourge to our race. Yet, before we abandon the subject as hopeless, let us persevere until we have exhausted all untried means we possess, as there are not wanting individuals who believe that treatment, yet to be investigated, will bring this disease under the control of medicine, and that which is now regarded as a fatal affection will be looked upon with no more apprehension than bronchitis or dyspepsia.

I am led to these reflections from having employed, in this disease, an agent, viz., naphtha, I believe unknown as a therapeutical one, it certainly has never been previously used in phthisis. Its effects have been so encouraging that I hasten to lay before your readers some cases where naphtha was eminently beneficial, in order that it may be more extensively tested. Probably, few persons, on reading the cases, will have the same faith in its efficacy as myself, but I venture to hope they will be sufficiently striking to induce some to try its power.

The following cases are selected from forty-one others of tuberculous consumption, as presumed cures of this affection; they are not the only ones amongst them which have terminated in this favourable manner, although several of the above number have come under treatment so recently that sufficient time has not elapsed to afford an opportunity for great improvement, whilst others, in the third stage, if curable at all, require a longer period for treatment than they have yet been subjected to. But it may be stated that these cases are a fair sample of those treated in the same stage of the disease.

The sphere of life my patients moved in was the least favourable, and afforded the least hope for recovery, and they were treated, also, at the most unfavourable season of the year.

I shall offer no theory as to the probable way in which this therapeutical agent operates, intending to bring the subject before the profession in another form, when a fuller opportunity will be afforded for its examination. As inhalation has been employed in some of the cases, it will, perhaps, not be out of place to mention some facts bearing particularly on this point. Naphtha, it is well known, volatilises at a low temperature, hence it is highly fitted for inhaling, and I was further induced to employ it for this purpose from the following experiments:—

Experiment 1*st*.—A little naphtha was put into a bent tube of this form ⌣, some expectorated matter poured upon it, which had been previously examined by the microscope, and found rich in globules of tubercle, gentle heat was applied, and the naphtha driven off; the super-imposed secretion was then examined by the microscope, and exhibited only an amorphous appearance.

Experiment 2*nd*.—Some tuberculous secretion, highly charged with globules of tubercle, was brought under the field of the microscope, a drop of naphtha was added to it, when an immediate disappearance of the globules ensued, their place being occupied with an amorphous production similar to that seen in the first experiment. This I have frequently repeated, and invariably with the same result.

Experiment 3*rd*.—Some tuberculous secretion of the lungs was put into a portion of the duodenum of a child, and placed over a wide-mouthed bottle which contained a small quantity of naphtha, between which and the intestine a clear space of three inches remained; a spirit-lamp was placed under the bottle, and a very gentle heat continued until slight ebullition took place. This was continued for an hour; the contents were then removed from the sac and examined with the microscope; and they presented the same character as noticed in the previous experiments.

A matter which I regard as of the highest importance, is the kind of naphtha employed; that procured from coal-tar appears to be very irritating to the lungs, heart, and stomach, and sometimes causes severe headach. In several cases I have witnessed all the good effects of wood-naphtha disappear after two or three doses of coal-naphtha, and some days elapse before the previous condition could be realised; and in a case now under treatment, although three weeks since taking the coal-naphtha, the patient has not yet recovered the shock the system received. I am at present unable to state in what the difference consists; but the wood-naphtha has a much less pungent taste and smell than that procured from mineral productions.

Several of my medical friends intend using it, and one, who has employed it in two cases, Mr. Wilson, of Eccleston-square, Pimlico, reports as favourably as myself of its virtues in the disease in question.

CASE 1.—Charles Taylor, copper-plate printer, ætat. 18, residing at 14, Wells-street, Oxford-street, admitted at the Blenheim-

street Free Dispensary Oct. 13, 1842. He is a badly-developed subject, with a dingy complexion; has suffered from cough and difficulty of breathing for several years; has been often under medical treatment; is now much worse than usual, and the cough is attended with considerable expectoration; appetite tolerably good; bowels regular; pulse a little accelerated; muscular efforts, such as walking and going up stairs, are attended with difficulty of breathing; he has, of late, lost flesh considerably. The movements of the superior portion of the chest are confined, particularly on the right side, where the sound from percussion is very dull, and the respiratory murmur, in places, absent. On the left side, anteriorly and superiorly, percussion yields a better sound than on the right side; the respiratory murmur is rough, and inspiration is performed with jerks. Sounds of the heart are very distinct in both subclavicular regions. His mother died, shortly after his birth, from consumption, and he has since lost a brother from the same disease. From this period until Dec. 3, he was put under the influence of hydrocyanic acid, preparations of iodine, &c., without any appreciable improvement, when the treatment by naphtha was commenced.

℞ *Rectified naphtha*, an ounce; ten drops to be taken (in water) three times daily.

Jan. 5. Percussion yields a clearer sound on the right side; respiratory murmur is distinct over the same region; jerking inspiration continues.—Take twenty drops of naphtha three times a day.

12. Jerking inspiration wholly disappeared; appetite good; bowels relaxed, attributes it to pork he had eaten the previous day, which he states not uncommonly has that effect.—Repeat the drops.

17. Much the same; complains of sore throat.—Repeat the drops.

19. Soreness of throat disappeared; cough and expectoration diminished; sound on percussion clearer on the right side; respiratory murmur rough towards the acromial end of the clavicle on the same side.—Continue the drops.

Feb. 7. Feels much stronger; complains that the medicine produces nausea sometimes.

11. Much the same.—Continue the drops. Inhale in the following manner:—Fill a teapot half full with boiling water, add to this a teaspoonful of naphtha, and as it passes out of the spout draw it into the lungs.

March 16. Thinks the inhalation does him good; has very little cough, and the expectoration is diminished; difficulty of breathing much less; respiratory murmur a little rough on the right side; percussion near the acromial end of the clavicle gives a rather dull sound.—Continue the drops and inhalation.

April 6. Cough wholly disappeared, as well as difficulty of breathing; has a little expectoration; is gaining flesh and strength; percussion yields a sound on the right side hardly equal to that of the left; respiratory murmur in one spot is a little rough; heart-sounds scarcely audible in the clavicular regions.

Case 2.—Ann Simmons, servant, ætat. 24, residing at 6, Titchfield-street, Soho, was admitted a patient at the Blenheim-street Free Dispensary Jan. 27, 1843. States she has been subject to a cough at this season of the year for several winters; this attack came on about three or four weeks ago, since which period she has rapidly lost flesh; has no expectoration; feels pain after meals; bowels always irregular; pulse 80, weak; suffered from repeated attacks of illness, which she refers to the abdomen. Lost father, mother, and brother from consumption. Percussion yields a dull sound on the right anterior superior region; good on the left, where the respiratory sound is puerile; heart-sounds are very distinct over the right clavicular region; less so over the left; the respiratory murmur over the right clavicular region is nearly inaudible, where it can be heard it is rough.

℞ *Rectified naphtha*, an ounce; twenty minims to be taken three times a day.

Feb. 11. Feels better.

14. Much better.—Continue the drops and inhalation.

18. Continues to improve; signs elicited by percussion and auscultation much the same; wishes to visit a brother who resides at Croydon, because he can afford to keep her better than the one she is now living with.—Continue the drops, &c.

March 7. Cough better; bowels confined; appetite good; legs swell a little towards night; percussion yields a good sound on the right side, where the respiratory murmur is distinct, and its puerile character diminished on the left.—Continue the drops and inhalation. Ordered two aperient pills to be taken at bedtime occasionally.

28. Cough almost disappeared; expectoration very trifling, would not notice it if she were not questioned concerning it; appetite excellent; is gaining both flesh and strength fast; suffers occasionally from palpitation. She has taken a small teaspoonful of the naphtha three times a day since her last visit. Percussion yields a natural sound on both sides of the chest; respiratory murmur is excellent.

℞ *Rectified naphtha*, two ounces;
Iodide of potassium, two drachms.
Mix for drops, to be taken as the preceding.

Case 3.—Eliza Dunn, ætat. 27, residing at 14, James-street, Camden-town, was admitted under my care, at the Blenheim-street Free Dispensary, March 2, 1843. Has

suffered from winter cough for the last eight or nine years; has had two children, besides miscarriages; is now pregnant, at which period she has remarked her cough is always worse. She is alarmed at her loss of flesh and difficulty of breathing; her cough is attended with expectoration; general health good. Percussion yields a rather dull sound over both clavicular and subclavicular regions, where the respiratory murmur is rough. She has lost two sisters from consumption.

℞ *Rectified naphtha*, an ounce; fifteen minims to be taken three times a day.

March 11. Remarkably improved; cough and expectoration entirely ceased, breath-sounds improved; percussion yields a dull sound only at one spot, near the acromial end of the left clavicle.—Continue the drops.

14. Improving.—Continue the drops.

21. Feels quite well; percussion yields a clear sound, and the respiratory murmur natural.

Case 4.—Maria English, ætat. 19, residing at 22, Pitt-street, Tottenham-court-road, applied to the Blenheim-street Free Dispensary Nov. 28, 1842, for a neuralgic affection of the face; after the cure of this, Dec. 20, she complained of difficulty of breathing, cough and expectoration, which she has suffered from more or less these last three years, accompanied with cold night-sweats, and for two years past has had excessive perspirations about the arm-pits; for some time she has lost flesh; she suffers from great heaviness and sleepiness; appetite tolerable; bowels confined; pulse 96, small and weak. Is married, has never been pregnant; menstruation irregular. Percussion yields a dull sound over both subclavicular regions; respiratory murmur very indistinct over the same spaces, where the heart-sounds are heard strongly.

℞ *Rectified naphtha*, an ounce; fifteen minims to be taken three times a day. Ordered two opening pills, to be taken at bedtime occasionally.

Jan. 12. Night-sweats disappeared; otherwise much the same.—Continue the drops, &c.

17. Cough much the same; expectoration diminished; bowels confined; respiratory murmur improved on the right side.—Continue the drops, &c.

24. Cough less, as well as expectoration; complains of palpitation, which she says she has suffered from for two years.

℞ *Rectified naphtha*, an ounce;
Iodide of potassium, a drachm. Twenty drops to be taken three times a day.

26. Palpitation gone; cough and expectoration increased; stomach rejects the drops sometimes. This patient is very thinly clad.

℞ *Rectified naphtha*, an ounce;
Hydrocyanic acid, twenty drops. Mix for drops; twenty drops to be taken three times a day.

31. Better; percussion affords a clearer sound, and the breath-murmur is also improved, inasmuch as it is audible over both clavicular and subclavicular regions, although of a rough character.—Continue drops.

Feb. 2. *Cough troublesome.*—Take twenty drops of naphtha three times a day.

4. *Cough severe; no expectoration.*—Continue the drops and inhalation.

9. *Expectoration has returned, with severe cough, sickness, palpitation, and headach. It appears that this patient had been taking coal-naphtha for the last week.*—Continue drops.

11. Improving.

14. Not so well; complains of occasional faintness from inhalation, but says she breathes with greater freedom for some time afterwards. She considers she was going on remarkably well until yesterday, when several persons walked into her room saying the house was on fire; she was excessively alarmed, and her cough immediately returned.—Continue the drops and omit the inhalation.

23. Improving.

March 1. Not so well; cough worse; has been without medicine the last week.—Continue drops.

16. Cough better; expectoration less; suffers again from palpitation.

℞ *Rectified naphtha*, an ounce;
Iodide of potassium, a drachm and a half. Mix for drops; take twenty drops three times a day.

18. Palpitation relieved.

℞ *Rectified naphtha*, an ounce; take twenty-five drops three times a day.

23. Much better; little or no cough.—Continue the drops.

30. Cough and expectoration entirely ceased; says she is quite well with the exception of a little weakness. Percussion yields natural sounds on both sides; the breath-murmur is also natural; and the heart-sounds are inaudible.—Continue.

Case 5.—Amelia Harris, ætat. 29, residing at 10, Cross-lane, Newton-street, Holborn, applied to me March 7, in consequence of cough, difficulty of breathing, &c. For several years she has had winter cough. About twelve months ago she spit blood, more or less, for a fortnight; lately she has lost flesh; her cough has been very troublesome, and attended with expectoration; during the night she is harrassed with cold sweats; appetite bad; bowels regular; slight muscular exertion produces difficulty of breathing. She is married, but has had no children. Percussion affords a dull sound over the left clavicular and subcla-

vicular regions, and a little less so over the same spaces on the right side, where the respiratory murmur is rough; on the left side it is almost inaudible, and in spots quite so; heart-sounds very distinct over the same regions.

℞ *Rectified naphtha*, an ounce; take twenty drops three times daily.

14. Much better.—Continue the drops.

April 4. Feels very much better; expectoration entirely subsided; is sure she is gaining strength and flesh; appetite better; the cold night-sweats have disappeared for some time. Percussion yields a good sound where it was previously dull; respiratory murmur almost natural; heart-sounds heard very faintly over the same spaces.

Case 6.—Ann Davidson, ætat. 34, residing at 12, Upper Rathbone-place, applied to the Blenheim-street Free Dispensary Dec. 27, 1842. Has never suffered from cough until about two months ago, when she took cold at her accouchement; the cough has never left her; lately she has begun to expectorate, and has cold perspirations, which generally come on during the evening, and she is losing flesh rapidly. Her father died from asthma, and she has lost a brother from consumption. Her cough is now severe, and her breathing very difficult, particularly on ascending a staircase; pulse rather quick and weak; tongue white; appetite bad; bowels regular; percussion elicits a dull sound below the right clavicle, where the breath-murmur is masked by the dry crackling râle; over the left clavicular space the sound from percussion is clear, with puerile breath-sound.

℞ *Rectified naphtha*, an ounce; ten minims to be taken three times a day.

31. Cold perspirations have ceased; cough less; appetite improved; tongue clean; gets up stairs with less difficulty.—Continue the drops.

Jan. 3. Is improved in every respect; dulness on percussion disappearing on the right side; the dry crackling râle is no longer to be detected, a rough breath-sound occupies its place.—Continue the drops.

7. Had a slight cold perspiration last evening for the first time since she has taken the medicine, otherwise better.—Continue the drops.

24. Considers herself much better.

Feb. 9. Has slight cough; no expectoration; excellent appetite; percussion yields a clear sound on the right side, except over a space at the acromial end of the clavicle, where the breath-sound is scarcely audible.—Continue the drops.

April 6. Considers herself in good health; cough and expectoration have entirely ceased; says she is gaining flesh and strength daily; has no difficulty of breathing now when she goes up stairs. Percussion is still dull at the acromial end of the right clavicle, where the respiratory murmur is hardly audible. She has ceased taking her drops more than three weeks, although she promised not to do so until I gave her permission.

In the first case reported the sputa was examined by the microscope, and besides containing a considerable quantity of the globules of tubercle, a cryptogamic plant was found, similar to that first noticed by my friend Dr. John Hughes Bennett, of Edinburgh; and I may remark that I have met with the same plant in every secretion of the lungs examined with the microscope when those organs have been affected with softened tubercle, although it may be questioned if this case had reached the stage of softening.

Albemarle-street, April 8, 1843.

DISEASE OF THE EYES FROM LARVÆ DEVELOPED BENEATH THE PALPEBRÆ.

A case is recorded in the "Med. Zeitung," in which a serious inflammation of the membrana conjunctiva resulted from a deposition of the eggs and development of the larvæ of the common house-fly within the eyelids. The subject was a child, three years of age, who had felt much pain in the left eye for a lapse of eight and forty hours, at the end of which time the upper eyelid was found so much inflamed as to cover nearly the whole of the lower; and on everting it, a layer of worms was found to cover the whole surface of the eye, and to form a dense mass in the internal angle of the eyelids, and in the lachrymal fossa. By the help of a pair of tweezers, twenty of these interlopers were extracted, each being about half an inch (twelve millimetres) in length. The cornea had been rendered opake, and of a greenish-blue tint. The conjunctiva of the opposite side was also inflamed and ulcerated; no larvæ were discovered upon its surface, but one was met with deeply imbedded in the lachrymal fossa, and extracted piecemeal with difficulty. It is supposed that a fly, attracted by a slight ulceration at the internal angle of the left eye, must, while the child slept, have deposited its eggs there, which, by subsequent rubbing on the part of the patient, had been forced under the eyelids. The right eye was soon restored to health, but the left remained much longer affected, and some opake spots in the cornea persisted for a considerable period afterwards.

KING'S COLLEGE HOSPITAL.

CASES
AND
CLINICAL OBSERVATIONS
BY
MR. FERGUSSON.

LOOSE CARTILAGES IN THECA OF WRIST.

Mary Ann Johnston, ætat. 23, was admitted December 27, 1842. Two years ago without any apparent cause, was attacked with sudden and severe pain on the back of the hand, and about a week after perceived a slight swelling a little below the wrist, which gradually increased so as to become quite conspicuous both above and below the joint. Attempts have been made to burst the tumour, and various means have been tried in vain to cause its dispersion. At present there is an oval-shaped swelling extending between two and three inches in the course of the extensor tendons. Fluctuation can be felt at any part, but is most distinct below and above the annular ligament. The extensor tendons cannot be perceived beneath the skin. She has now little or no pain in the part; the movements of the wrist-joint are executed with facility, but the swelling is such as to induce her to submit to any means that may be proposed for its removal.

31. An attempt having been made to burst the tumour, which proved ineffectual, a small incision was made below the annular ligament, through which a glairy fluid escaped, and also about thirty fibro-cartilaginous bodies, varying in size from a pickle of boiled rice to that of a field-bean. Force was required to squeeze out some of these bodies, the opening having been purposely very limited. Latterly, some ragged shreds of lymph escaped, and when the sac (which could now be distinctly felt) seemed emptied, the wound was accurately closed, and a splint having been laid on the anterior aspect of the limb, a bandage was applied to prevent the movements of the wrist, and at the same time to keep up moderate pressure on the contracted cyst. The parts to be fomented should any pain come on; the patient to keep her bed, and the hand and forearm to be supported on a pillow.

Jan. 7, 1843. Considerable œdema in the vicinity of the sac, but no appearance of its refilling; has suffered little constitutional irritation since the operation.

9. Complains of pain over the wrist; bandage and splint removed; surface slightly inflamed; poultice to be applied, and the arm still to be kept on the pillow as before.

11. A small quantity of pus has escaped from the wound; the œdema and other symptoms of inflammation have considerably abated.

Since the last report nothing particular has occurred, excepting on one occasion a slight accession of inflammation, which subsided on the discharge of a little pus from the wound. In the course of a fortnight the patient left the house with the wound closed, and the swelling greatly diminished. She has since presented herself on several occasions, the swelling having almost entirely left; complains of no pain, and can move the wrist as readily as before she came under treatment. Has during her absence made use of iodine ointment over the indurated parts.

It was stated by Mr. Fergusson that as the tumour showed every disposition to increase, he had deemed it best at once to adopt the practice which had been pursued in this case, as such would have become absolutely necessary at some subsequent period when the danger would have been considerably greater. Surgeons were never very anxious to open into such tumours, as the inflammation which was likely to be thereby induced often gave rise to very serious results. This case had differed from those usually met with in a similar situation; the presence of these loose bodies being by no means common, more especially of such a large size. The thickness of the sac had prevented these bodies being felt, and he was somewhat amazed when they followed each other through the opening. Considerdering their presence, and that they must always have kept up irritation within, he doubted if any other practice could have been so efficient as that adopted, and although originally he had made the opening only with the view of permitting the escape of a gelatinous kind of fluid, which he supposed to be present, he had at once reason to be pleased with the proceeding, as these objects could have been got rid of in no other way.

The pupils must have observed how very careful he had been in the after-treatment to adopt such local and constitutional means as were most likely to avert injurious inflammation. The slight suppuration which had occurred had been productive of no great harm, whilst possibly the inflammatory action in the vicinity had caused the complete obliteration of the sac.

FUNGUS HÆMATODES.

Thomas Hendly, ætat. 36, labourer, admitted 20th January, 1843. Five years ago first perceived a small tumour about the size of a pea, under the skin on the left thigh, a little below Poupart's ligament. It was slightly painful at first, but not so latterly, except after much walking. Had experienced no violence on the part, and could give no cause for the origin of the growth, which continued gradually and slowly to increase without causing him much alarm

until within the last fortnight, during which period it has added nearly a third to its bulk, which is now that of a child's head. The skin on the tumour had continued of the same colour as that on the rest of the body, until the 16th inst. (four days ago), when a dark spot appeared, and speedily spread over several inches of the surface, the swelling during this period continuing to enlarge with increased rapidity. Has been much jaundiced for the last eight days, but has never had this complaint before. Has latterly been subject to epistaxis, and a week ago the bleeding continued for eight hours; bowels confined; tongue foul; much thirst; pulse full and slow. To-day a crack has formed on the blackened skin, and a small dark-coloured fungus has presented, from which there is an occasional escape of blood. To have a calomel purge, and warm-water dressings over the affected part.

22. Since last report sloughing has extended, and a black fungous mass has shot above the level of the surrounding skin. The bleeding from the open surface has been copious. Alum lotion has been applied with good effect, and two grains of acetate of lead, with half a grain of opium, have been given every four hours.

23. Bleeding has been less alarming; jaundice somewhat abated; has passed a restless night; slough of the skin has separated, and the fungus has become more apparent. The fetor is great, and a lotion of chloride of lime has been ordered.

25. Several large pieces of the fungus have dropped off; no bleeding. Patient to have four ounces of wine daily.

28. Fungus not half its original size; portions of it separate daily.

Feb. 5. Since last report jaundice has almost disappeared; the tumour has continued to diminish, but considerable œdema in the thigh has supervened. Patient has gradually become weaker, and sank from exhaustion this morning at four o'clock.

Sectio Cadaveris, Thirty Hours after Death.

Head not examined. Contents of thorax quite healthy; abdominal viscera in a similar condition, with the exception, perhaps, of the pancreas, which was somewhat larger than usual. The gall-bladder was distended with bile, and the cystic duct was slightly contracted. The prominent part of the tumour had almost entirely sloughed away; its base was incorporated with all the surrounding parts, encircling the femoral vessels and nerves, and extending upwards into the iliac fossa. The disease seemed to have been originally superficial to the fascia lata (probably in a lymphatic gland), but had latterly involved that membrane and all the contiguous tissues, which seemed infiltrated with a yellowish-coloured lymph. No other part of the body presented any trace of disease.

Mr. Fergusson observed that this case was one of a rare character, for although the term fungus hæmatodes was frequently in use, the true bleeding fungus was comparatively seldom met with. Most soft tumours of a malignant character, which were not called cancerous, were designated fungus hæmatodes, but perhaps the term medullary disease was more appropriate. Here, however, had been an example of a bleeding fungus which had exhibited most of the usual features of this remarkable affection. At first, in all probability, the swelling had been of a medullary character, and had progressed but slowly, but within three weeks of the person's death an altered action had caused those stages with which the pupils had become familiar. Had the tumour been seen at an early date, possibly its removal might have saved life, but such a proceeding could not have been justifiable at any period after the last fatal excitement had commenced. Since the patient had entered the hospital no idea of an operation could be entertained, for even before the dissection was made it had been quite apparent that the neighbouring textures were so involved as to preclude any attempts of the kind. During the first few days he had imagined that the jaundice had been produced by the pressure of some internal tumour on the large gall-ducts, but as the disease seemed to yield under the influence of medicines he had been uncertain on this point. Considering the frequency with which the internal organs are affected in cases of this description, it was not unreasonable to suppose that the natural course of the bile was obstructed by some medullary growth in the abdomen. He firmly expected to see such tumours in both chest and abdomen, and had been surprised at their absence. This latter circumstance confirmed the opinion that had the disease been removed at any period before the neighbouring tissues became involved, the operation might have been followed with perfect success.

REDUCTION OF FEMORAL HERNIA
ON
DR. O'BEIRNE'S PLAN.

To the Editor of THE LANCET.

SIR,—I send the following case for insertion in your Journal. The patient was a most unfavourable subject for an operation, and was relieved by a plan of treatment which I understand has been very successfully adopted in Ireland, and which I hope in many cases may prevent the necessity of having recourse to a painful and dangerous operation:—

Mrs. Russell, ætat. 51, very corpulent, ruptured herself on the right side twenty-four years since, in lifting a heavy weight, and, until within a fortnight, has not worn a

truss for the last seven years. In consequence of its being improperly applied she has constantly had it on with the rupture down, but has not experienced much inconvenience, and has always been able to reduce it, in the recumbent posture, until this afternoon at three o'clock. I was requested to see her at half-past eleven, p.m., April 12, and found her extremely exhausted; countenance very anxious and shrunk; constant vomiting; pulse small and thready; hands and feet cold; breathing hurried; abdomen very tender, but not tympanitic. On examination I found a protrusion of intestine through the femoral ring, larger than I could cover with my two hands, very tender, and excessively tympanitic (giving the sensation of a bladder distended with air), and no impulse on coughing. I endeavoured by very gentle manipulation, for nearly half an hour, to reduce it, without success, and as she was in a very small room, and without the possibility of having a warm bath, I advised her removal to the hospital. To this she positively refused to accede, as she was resolved not to submit to an operation. Under these circumstances I determined to adopt the plan of treatment recommended, and successfully practised, by Dr. O'Beirne. I introduced the elastic tube of the stomach-pump into the rectum, and passed it the distance of twelve inches. I then attached the syringe, and slowly injected two quarts of warm water. When half of that quantity had been thrown up a gurgling was distinctly heard in the tumour, and it gradually became less tense. Having injected all the water I removed the syringe, and allowed it to run off by the tube; I then reapplied the syringe and continued exhausting the air, when, after a few minutes, I had the gratification to find the hernia gradually subsiding, and, by keeping up gentle pressure, the contents were returned into the abdomen. My patient immediately pronounced herself relieved; her countenance became cheerful, and the sickness abated; she was ordered a brisk aperient of magn. sulph. and aq. menth. pip. and a dose of calomel and opium. The bowels acted freely on the following morning, and she is now as well as usual.

I remain, Sir, your most obedient servant,

CHARLES COLLAMBELL.

Canterbury-place, Lambeth,
April 18, 1843.

ON THE

TREATMENT OF AGUE WITH CARBONIC-ACID GAS.

To the Editor of THE LANCET.

SIR,—In the number of THE LANCET for April 8th, page 38, it is said that "a physician in the south of France has found the means, in certain cases of intermittent fever, in which the quinine is inert, to restore its active powers *by associating it with carbonic-acid gas.*" Believing that the benefit derived in these instances is to be ascribed, not so much to the combination of carbonic-acid gas with the quinine, as to the agency of the gas *itself*, I am compelled to state, as briefly as possible, my reasons for this conclusion. These are, that I have found the gas, *alone* and uncombined, not only sufficient for the cure of ague under all circumstances, but what is more, have effected cures in cases in which the quinine and all other remedies had previously failed. This was more particularly the case in Spain some years since; for having visited that country during the prevalence of the epidemic cholera, for a specific object, I was induced, on the subsidence of the disease in the north, to retrace my steps to Alicante, where I understood intermittent fever was prevailing epidemically. This I found to be the fact on my arrival; two-thirds of the inhabitants in the town and surrounding districts having been brought under the malign influence of the operating cause, while a large number had suffered from the attacks for several months, the usual mode of treatment, with the largest possible doses of quinine, being insufficient to prevent the return of the accessions. As my only object in taking this journey was the hope of being able to try, on a large scale, a medicine that I had found efficacious before in a limited number of cases, I lost no time in waiting on the physician of the hospital, and by his kind permission I was enabled to administer the remedy in question (*carbonic-acid gas*) in a number of old and obstinate cases. The first was that of a woman who had been in the hospital some weeks, but the disease had existed between *ten and eleven months*,—the quinine having only produced slight and temporary relief,—although it had been given in large and repeated doses at different periods of the malady. The paroxysms of the disease, which was quotidian, were shorter and less violent than before, but there was great debility, with emaciation, want of appetite, &c. On the following day the gas was administered to her a short time previous to the accession, a draught being administered every quarter of an hour, until three doses had been taken, when symptoms of fever presenting themselves, the medicine was discontinued. The paroxysm was shorter and less severe than the preceding day. The same plan was pursued on the following day, when coldness of the extremities and temporary heat of surface were the only symptoms experienced. On the third day, the medicine being previously administered, the accession was entirely prevented, and the patient not only continued free from the disease afterwards, but rapidly regained her appetite, strength, &c. The same result was obtained in all the cases in which the gas was administered in this town, and I attended a great many,

not only in the hospital, but also in private; so many, in fact, that being annoyed by the daily importunities of numbers of such sufferers, and fearing that I might give offence to the resident practitioners by attending private cases, I hastened my departure, and proceeded on to Madrid.

In the following autumn, by the kindness of the Minister of the Interior, who assigned me a ward in the general hospital in that capital, I was enabled to resume these clinical experiments, being anxious to have a further opportunity of testing the efficacy of the remedy *in another district*, and in the *endemic* as well as epidemic form of the disease; and, at the same time, of ascertaining the best mode and most proper time for its administration, not only for practical purposes, but in order to afford some evidence of the probable truth of the theory I had formed respecting the cause of the intermittency. This theory has been given in my work on the Cholera, while considering the physiology, or rather pathology of that disease; but as the subject is of little importance at the present moment, I have merely to state now that the result of these trials confirmed me in a conclusion I had previously formed, as to the proper time for the administration of the remedy, which I found to be immediately previous to the accession, so as to have sufficient time to administer four or five doses of the gas before the cold stage has fairly set in. When thus administered I have generally found it to shorten the paroxysm, even on the first accession, and to arrest it altogether, *upon the average*, at the third administration of the medicine, —corresponding with the expected return of the disease,—no matter whether the form was quotidian, tertian, or quartan. The same result was experienced *in old* as in recent cases,—in those in whom the disease had existed twelve months, and in those who had only been attacked as many days or weeks, as well as with those who had previously taken quinine, or other tonics, and those who had not been subjected to any previous treatment. This circumstance is not only remarkable, but is at the same time entirely different to the result obtained from the administration of all other remedies, quinine included, for the effect in these instances generally bears some relation to the previous duration of the disease.

I have said general average, in giving the result of the treatment, which is hardly a fair term; for, although there were some few cases in which the disease was not arrested until after the third accession, there were a greater number in which no return was experienced after the first administration of the remedy; while, in some few cases, the expected attack was not experienced at all. This will be evident by a reference to the cases Nos. 2, 3, 5, and 6, detailed in the pamphlet that I have now forwarded for your satisfaction, and which was published in 1836, shortly after my return from Spain.

If any deductions, therefore, are to be drawn from the above results, we must infer that the carbonic-acid gas is as efficacious alone and uncombined, if not more so, than in combination with quinine. At least this is the conclusion at which I should arrive, in the absence of all direct evidence to the contrary, for the actual result obtained by the above combination has not been given; while, as regards myself, I have had no experience of its effects; for, although I have frequently given the quinine combined with carbonic-acid gas in other cases, and occasionally during the convalescence from intermittent fever, I have not tried the combination during the continuance of the fever.

It would have afforded me some satisfaction to know if the administration of the gas in this way was caused by my previous employment of the same remedial agent or not, for the treatment adopted by me in such cases was not only well known in the north of Spain, but must have been also to many practitioners in the south of France, particularly to Dr. Dunal, of Montpelier, the translator of the Spanish edition of my work on Cholera. I should, however, be glad to learn that such was not the case, and that the individual referred to had been induced to adopt this remedy independently of my example, and for different reasons from my own, as his evidence in this case would not only be more valuable to me, but, doubtless, more satisfactory to others.

Allow me to add, in conclusion, that brief and imperfect as this detail is, it will, I trust, be deemed sufficiently conclusive to induce some of your subscribers in tropical and malarious districts to give the remedy a further and more extended trial, not only in intermittent but in remittent and continued fevers; for, although the effect of the remedy is not so prompt or so apparent in the latter as in the former, it is yet sufficiently so to entitle it to rank high in the list of remedial agents for the cure of fever, and more particularly of typhus. The pamphlet before referred to having been translated into Italian, and published during the past year, some evidence will, I would hope, be derived from Italy, with respect to the efficacy of the remedy in intermittent fever. I am, Sir, your obedient servant,

J. Parkin.

Dover-street, Piccadilly,
April 12, 1843.

Chorea.—M. Person, of St. Petersburgh, has lately employed chloride of tin for this affection, with a very salutary effect. It has the advantage, he says, of not primarily exaggerating the symptoms, its action being strictly sedative.

THE ELECTRICITY OF THE ANIMAL SYSTEM.

VITAL PHENOMENA ASCRIBED TO CHEMICAL ACTION DEVELOPED BY THE AGENCY OF OXYGEN IN THE BODY.

We have recently received a letter from Dr. Searle, of Bath, whose communications are well known to our readers, asking us to republish an article, written by him, which appeared in The Lancet of June 4, 1831, in order to afford him an opportunity of substantiating his claim to priority in some of the views since put forth by Liebig, as well as his early advocacy of some scientific points to which the public mind has lately been very forcibly directed. "The paper in question," says Dr. Searle, in the letter above mentioned, "establishes, I trust, my claim to the doctrine that all vital phenomena are the result of chemical action, developed by the agency of oxygen in the system; as well as to much that Liebig has said in reference to the nature, source, and distribution of the nervous power, or vital force, as he prefers naming it; thus observing, at folio 196:—'The vital force causes a decomposition of the constituents of food, and destroys the force of attraction which is continually excited between their molecules; it alters the direction of the chemical forces in such wise that the elements of the constituents of food arrange themselves in another form, and combine to produce new compounds, either identical in composition with the living tissues, or differing from them; it further changes the direction and force of the attraction of cohesion, destroys the cohesion of the nutritious compounds, and forces the new compounds to assume forms altogether different from those which are the result of the attraction of cohesion when acting freely, that is, without resistance. The vital force is also manifested as a force of attraction, inasmuch as the new compound produced by the change of form and structure in the food, when it has a composition identical with that of the living tissue, becomes a part of that tissue. Those newly-formed compounds whose composition differs from that of the living tissue are removed from the situation in which they are formed, and, in the shape of certain secretions, being carried to other parts of the body, undergo, in contact with these, a series of analogous changes. The vital force is manifested in the form of resistance, inasmuch as by its presence in the living tissues their elements acquire the power of withstanding the disturbance and change in their form and composition which external agencies tend to produce; a power which, simply as chemical compounds, they do not possess.'

"Now, Sir, this description of the vital force accords so exactly with the characteristic operations of electricity, and with the facts before us, that certain animals not only generate it, but possess, with it, a large apparatus of nervous structure for its concentration and use as an offensive weapon, as well as for the many other reasons adduced in my paper, that I do not hesitate a moment in calling it electricity, and am astonished at Liebig's attempts to disprove what appears to me so self-evident. I do not, however, mean to imply that electricity is life, but that electricity is the actuating agent, or nervous power, life absolutely being the sum or result of its development and influence in the system.

"In conclusion, Sir, I beg leave to add, that I claim, in opposition, not alone to Liebig, but to all competitors of posterior date to the publication of my essay on the Cholera of 1830, the honour of being the author of the doctrine that *all vital phenomena is the result of electricity, developed by the agency of oxygen and the chemical action it gives rise to in the system; as well as to the distribution of the electricity by the nerves, as conductors, and the functions they exercise, and more particularly the involuntary, being in the way that I have pointed out in the same essay*, or as detailed in the annexed paper."

The proposition to republish the article indicated by Dr. Searle, at length, is inadmissible, but we readily afford a view of its main points in the following abstract. The original article will be found in Vol. ii. of The Lancet for 1830—31, page 299, under the title of a paper on "The Electricity of the Animal System," read before the Westminster Medical Society, April 16, 1831.

The functions of the nervous fluid, says Dr. Searle, in that paper, are "to excite the muscles, to convey impressions to and from the sensorium, to effect the formation of the secreted fluids, and to cause an evolution of caloric from the blood." As all these purposes are to be accomplished by galvanism, as certain animals are known to generate electricity abundantly; and as Dr. Berandi, of Milan, has found that needles thrust through the crural nerves of living animals become magnetic, it seems a fair deduction that the nervous and electric fluids are identical. The nervous fluid is no secretion of the brain or spinal marrow, for fœtuses have been born alive without either of these organs, and animals will live for hours after both have been removed. It is no secretion of the nerves, as their structure would lead us fairly to infer had we not the most complete evidence that there are animals so low in the scale of creation as to be without them (?) The nerves are, therefore, but its conductors, and the brain and spinal marrow its recipients and organs of distribution.

The peculiar character of animal matter is a larger proportion of nitrogen and a less proportion of carbon (than in vegetables.) Therefore, in the extreme vessels, where the animal solids and fluids are formed, the general process will be the separation from the blood of those elements of which animal matter is composed, and, of course, carbon will exist in the remaining blood in increased proportion. The principal chemical changes in the blood, then, obviously take place in the arterial capillaries throughout the system; and the blood's exposure to the air in the lungs is but subservient to these, accomplishing the extrication of the carbon in chemical union with the previously absorbed oxygen—an operation attended with an evolution of heat and the determination of animal temperature.

It is an established fact in chemistry that the decomposition of a compound, or the formation of a new one, is attended with a variation in the electrical capacities of the products; and it may, therefore, be fairly assumed that the chemical change or conversion of arterial into venous blood, at the termination of every arterial ramification throughout the system, is not only attended with an evolution of caloric, but of electricity also. The electrical evolution, probably in a ratio with the calorific and chemical changes, and having its source in the capillary circulation, explains the reason why vitality goes on in these vessels for a considerable time after the apparent death of an animal, the irritability of muscular fibre after dissolution, the reason of the arteries being found empty after death, &c. Another argument for the generation of electricity by the animal body is found in the fact that a capillary tube is quite impervious to a fluid except under the excitement of electricity, when it admits its passage freely. It has been proved, by removing both brain and spinal marrow, that the excitement of these vessels is not derived from the brain and nerves. The only essential stimulus to their action seems to be the oxygenation of the blood. This is not only essential by the abstraction of a deleterious ingredient (free carbon) from the blood, but to the evolution of caloric and electricity—indispensable stimuli to all vital phenomena, which it would appear that oxygen alone furnishes. Dr. W. Philip proved capillary circulation and the action of the heart to be dependent on respiration; and Dr. Berandi found the development of electricity by the nerves to bear reference to the perfection of the respiratory process, and to be increased by the inhalation of oxygen, and suspended when the animal was made to respire hydrogen or nitrogen.

These views offer a satisfactory explanation of the hybernation of animals, as well as some other phenomena of vitality. The withdrawal of the sun's influence reducing the atmospheric temperature below the degree compatible with the perfect action of the cutaneous capillaries, their function in the extrication of carbon and the absorption of oxygen is but imperfectly effected, and the evolution of caloric and electricity being proportionally diminished, the quantities generated are unequal to the due excitement of the respiratory muscles and organs of sense; hence the profound sleep which ensues. And thus, also, the fœtus in utero, like an hybernating animal, having only defectively-oxygenated blood, has only that quantity of electricity produced within its system which is necessary to its development and vegetable existence, and compatible only with the non-performance of respiration. But when the development and growth of the fœtus are completed, and, in consequence, the electricity generated more than equals the necessities of its condition, excitement is communicated to its containing organ, the uterus, the expulsion of the fœtus is effected, and its respiratory action immediately follows.

The electricity generated in the capillaries is transmitted by its most perfect conductors, the nerves, to their source, in the common acceptation of the word, exciting the sensorium to the various operations of the mind, and the organs of sense to their respective functions, and is thence transmitted by the nerves, at the command of volition, for the several functions of the organs to which the nerves are distributed. The organs to which the sympathetic is distributed, being in function primary in the scale of animal existence to the brain and spinal marrow, will be the first to receive electrical excitement and the last to lose it, as long as the fluid is generated and transmitted from the capillary system. Thus it is, that after the cessation of the powers of sense and volition in an animal, the peristaltic motion of the intestines continues, and the capillary circulation long after this has failed.

The action of vitality seems to commence in the capillary arteries under the excitement of the blood, and the irritability of the heart to be dependent on the same cause, viz., its structures, capillary circulation, and its excitement derived from the sympathetic, as a collector of electricity from all quarters; aided though, no doubt, by the stimulus of the blood, its warmth, and, perhaps, the irritation of distention it produces, and electricity generated by the organ itself. As to electricity being the cause of nervous excitement, many experiments of Dr. W. Philip favour the supposition; and that gentleman distinctly says, "We have reason to believe that the nervous influence *is the galvanic fluid* collected by the brain and spinal marrow and sent along the nerves; it being not only of all artificial means of exciting the muscles that which seems best adapted to the purpose, but capable both of

forming the secreted fluids and causing an evolution of caloric from the blood, after the nervous influence is withdrawn," &c.

The brain may be considered as the receptaculum commune of the electric or nervous fluid, which it receives through the medium, principally, of the spinal marrow, from the various nerves of the body, the nerves being, certainly, the best conductors of electricity among the animal textures. Probably there is not at any time (in ordinary cases) a great accumulation of the latter agent in the system; for the demands on the fund are manifold, particularly for carrying on the functions of respiration, digestion, and secretion, which are so constantly in action that the expenditure at most times equals the supply. Its being otherwise may probably be the cause of madness in some cases in which, after death, no lesion of structure is perceptible in the brain, which may have been over-excited. An undue electrical excitement of the mental organ may, by a parity of reasoning, be productive of idiotism in various of its forms, and of the stupidity which attends a continual indulgence in the pleasures of the table.

Considering the convolutions of the cerebral hemispheres as the organ of the intellect, to the medulla oblongata (meaning thereby all the inferior part of the cerebrum from which the nerves of sense arise) must be attributed the office of receiving the impressions of the senses, which it communicates to the mind by the blending of its nervous fibres with those of the hemispheres in the medullary portion of the latter. The fact that the medulla oblongata is formed by the crura cerebri et cerebelli, or, at least, that these enter very largely into its composition, sufficiently accounts for the close blending of the animal functions with the mental.

The state of being awake or alive to all the impressions of sense, appears to be that in which the current of electricity passes through or is extended to the medulla oblongata, and thus are the senses and all the functions in a state of excitement; whereas, in sleep, the stream of electricity takes a different course, or perhaps wholly passes off by the pneumogastric and respiratory nerves, which, it will be remembered, arise from the inferior part of the medulla, or perhaps we might more properly say, the summit of the spinal marrow. Hence it is that digestion and the secretive processes are much more active during the state of sleep; and that dreams, we may infer, are occasioned by the excitement of the intellectual organ, the before-mentioned nerves not withdrawing a quantity of electricity equal to the supply; thus is it also difficult to sleep with an empty stomach, and thus the reverse of this, how great the propensity to sleep after a full meal! Finally, the spinal marrow and the cerebellum appended to and surmounting it, are organs appropriated to volition, and the numerous functions more particularly characterising animal existence; to the excitement of which, accompanied with that of the cerebral organ, during sleep, or unaccompanied with the excitement of the medulla oblongata, may somnambulism be attributed.

[We shall insert some subsequent communications of Dr. Searle, to which the above is an introduction, on an early occasion.]

ADVANTAGES OF TAPPING THE BRAIN IN HYDROCEPHALUS.

Mr. Butcher, in a late number of the "Dublin Medical Journal," advocates strongly the employment of the trocar to penetrate the lateral ventricles of the brain in certain cases of hydrocephalus; and the operation may, he considers, be performed with a successful result at a much later period than it has usually been resorted to. No doubt the serous fluid effused into the ventricles becomes at an after period absorbed, and the patient dies from the structure of the brain becoming secondarily involved; but Mr. Butcher says,—

"That ramollissement does not come on till a later period than is generally supposed, I have verified by dissection. In eight cases that I have examined of acute hydrocephalus, where the head was unusually large, and where the children were carried off by infectious diseases, not in any of those cases was there softening or ramollissement of the structure of the brain, though the lateral ventricles were enormously distended with fluid."

A case is reported illustrative of the good effects obtained by tapping. It was that of an infant, sixteen months of age, the head of which "was almost transparent, and presented in different situations patches where the ossific matter was not deposited, its place being supplied by the common integuments. The sutures were very considerably separated, being from half to three-quarters of an inch asunder. The head measured in the fronto-occipital circumference thirteen inches and a half; from ear to ear across the vertex, nine inches; round the chin and across the vertex, nine inches and three-quarters."

The operation was conducted as follows:

"The integuments having been divided with a lancet, a trocar was introduced about three-quarters of an inch external to the mesial line, near the junction of the edge of the fontanelle with the margin of the parietal bone. The instrument being inclined a little inwards, in this manner it was directed into the lateral ventricle of the right side; no sooner was the stilet withdrawn than the fluid flowed out freely through the canula.

The quantity drawn off amounted to eleven ounces. After the discharge of so large a quantity of fluid, the head lost its tension and globular form, and became so flaccid as to allow the remaining quantity of water to gravitate backwards, giving the head a very elongated appearance. To support the parts a double-headed roller was applied loosely, the edge of the incision being previously brought together with adhesive plaster. The child sunk very low immediately after the operation; however, after some time, the urgent symptoms were suppressed. From this period up to four weeks after, everything was doing remarkably well; the head filled again, but not to one-half of its original size. The operation was again performed on the left side, in the same situation as on the right. The child began visibly to improve; no convulsions whatever occurred after the first operation; four weeks more elapsed, and the head was not near the size it presented before the second operation; so much was it lessened that another operation was deferred for a future period."

Though the result was so eminently successful, it is lamentable to think that the patient should afterwards have succumbed through ill-treatment.

"Ten weeks had elapsed; the child was free from convulsions; the eyes were quite sensible to light, and the little patient did not exhibit any lethargic symptoms. In four days after he began to get uneasy and restless; three more had not passed by when he was seized with convulsions that terminated in death. I was immediately called to see the child, and having accused the mother of neglecting it in some way she acknowledged to have given it wine regularly for five days before, stating, as her reason for doing so, 'She thought it would hasten the cure, and not do him any harm; he was so much better.'"

SECRETIONS DERIVED FROM VENOUS BLOOD ALONE:

A TRUE

PORTAL SYSTEM IN THE KIDNEY.

In an able paper in the "Dublin Journal of Medical Science," Dr. Aldridge brings forward the view that a true portal system exists in the kidney, and that the peculiar secretion elaborated by that gland is like the secretion of the liver derived from venous blood, as asserted by Mr. Bowman in the "Philosophical Transactions" of the past year. This view is so novel, and, at the same time, so well entitled to demand extended publicity, that its merits may be sufficiently canvassed, that we do not deem it necessary to make any apology for introducing copious extracts, comprising the main points of the argument in the following columns. Dr. Aldridge states that in 1839 he remarked on "the improbability of the opinion generally entertained that urine is secreted from arterial blood. I asked why should the kidney differ from the other great emunctories in this particular? The liver and lungs secrete from venous blood; and is it not reasonable to think that in every instance the means of depuration should be implied to the *impure fluid?*.....Jacobson has discovered that in fishes and reptiles the urine is secreted by venous blood. Is it likely so great a difference could exist between the performance of this function in contiguous groups of all vertebrated animals?

"Mr. Bowman, in a paper published in the 'Philosophical Transactions' during the past year, has ascertained that the kidney is furnished with a true *portal system;* and that urine (like the bile) is secreted, in part, at least, from blood traversing, at the time, a second set of capillaries.

"According to him the exceedingly tortuous and convoluted urinary conduits terminate at their final extremities, each by a contracted neck, which conducts into a little chamber or cyst. In this cyst is contained the true glandule of Malpighi, which consists of a tuft or coil of capillary blood-vessels, totally naked, which originates in one of the ultimate branches of the renal artery, and terminates in an efferent vessel. Several of these latter form, by their anastomosing ramifications, the plexus that surrounds each urinary conduit and tubule; the urinary conduits are lined by thick epithelium, and their necks are furnished by vibratile cilia.

"All the blood of the renal artery," says Mr. Bowman "(with the exception of a small quantity distributed to the capsule, surrounding fat, and the coats of the larger vessels), enters the capillary tufts of the Malpighian bodies; thence it passes into the capillary plexus surrounding the uriniferous tubes, and it finally leaves the organ through the branches of the renal vein.

"Thus, there are in the kidney *two perfectly distinct systems of capillary vessels;* the 1st, that inserted into the dilated extremities of the uriniferous tubes, and in immediate connection with the arteries (the Malpighian bodies); the 2nd, that enveloping the convolutions of the tubes, and communicating directly with the veins. The efferent vessels of the Malpighian bodies that carry the blood between these two systems, may collectively be termed the *portal system of the kidney.*"

The former, which may be styled the Malpighian capillary system, is made up of as many parts as there are Malpighian bodies. These parts are entirely isolated from one another; and, as there is no inosculation between the arterial branches supplying them, the blood enters each in a direct

stream from the main trunk. This capillary system is also highly remarkable; indeed, stands alone among similar structures, it being bare. The secreting tubes of the kidney, like those of all other glands, are, strictly speaking, an involution of the outer tegument of the frame; their interior is, in one sense, the outside of the body, their walls intervene between the vessels and the exterior, and, as it were, cover them in. But here is a tuft of capillaries extruded through the wall of the tube, and lodged in a dilatation of its cavity, uncovered by any structure; bare, indeed, yet screened from injury in its remote cell with infinite care and skill! Each separate part also of this system has but one afferent, and one efferent channel, and both of these are exceedingly small compared with the united capacity of the capillary tuft. The artery, in dividing, dilates; then follow branches which often exceed it in size, and which gradually break up into the finest. The efferent vessel does not usually even equal the afferent, and in size is often itself a capillary. Hence must arise a greater retardation of the blood in the tuft than occurs probably in any other part of the vascular system; a delay that must be increased by the tortuosity of the channels to be traversed.

"The other system of capillaries, or that surrounding the uriniferous tubes, corresponds, in every important respect, with that investing the secreting canals of other glands. It is well known to anatomists, and therefore does not require to be described at any length. Its vessels anastomose with the utmost freedom on every side, and lie on the deep surface of the membrane that furnishes the secretion.

"Mr. Bowman has been led to speculate on the uses of these two sets of capillaries that he has proved to exist in the kidneys of all animals; and he brings forward much ingenious argument to show that the uses of the Malpighian bodies is to secrete the watery portion of the urine. The analogy between the urinary conduits and the secreting part of other glands, leaves very little doubt of these organs being the essential secerning apparatus. But the naked capillary coil that constitutes a Malpighian body, placed in a cavity closed on every side, except where it communicates with the conduits, composed of vessels much greater in their aggregate capacity than the afferent or efferent vessels, presents an apparatus admirably adapted for excessive perspiratory action; and when, in addition, we find cilia arranged to facilitate the current of a fluid, we can scarcely deny that Mr. Bowman's hypothesis is a very feasible one."

Entozoa affect only the muscles of animal life, never those of organic life.—*Dr. Knox.*

AN EXPOSITION OF THE LAWS

WHICH RELATE TO THE MEDICAL PROFESSION IN ENGLAND,

AS FAR AS REGARDS THE COLLEGE OF SURGEONS.

(Concluded from p. 83.)

In the year 1630, the fifth of his reign, Charles I. granted a charter to the surgeons, not only confirming all the grants, privileges, and immunities which they already enjoyed, but also extending their jurisdiction to the distance of seven miles around the City of London, and empowering them to punish unqualified persons found practising within that limit. This charter is most important, inasmuch as it is confirmed in all its parts by an Act of Parliament, namely, 18 Geo. II. As recited in the preamble of that Act, it declares, "That no person or persons whatsoever, whether a freeman of the said society, or a foreigner, or a native of England, or an alien, should use or exercise the said art or science of surgery within the said Cities of London and Westminster, or either of them, or within the distance of *seven miles* of the said City of London, for his or their private lucre or profit (except such physicians as are therein mentioned), unless the said person or persons were first tried and examined, in the presence of two or more of the masters or governors of the mystery and commonalty aforesaid for the time being, by four or more of the said examiners, so to be elected and constituted as aforesaid; and by the publick letters testimonial of the same masters or governors, under their common seal, approved of and admitted to exercise the said art and science of surgery, according to the laws and statutes of the kingdom of England, *under the penalty* in the said letters patents mentioned."

It may be doubtful whether the penalty could have been imposed upon unqualified practitioners by the charter of the corporation without an Act of Parliament. We have no account of its having been attempted. It is well known that, about the period of which we speak, Parliament became extinct for many years, and that a considerable space elapsed before it exercised any useful powers. It was one hundred and fifteen years subsequently to its date that the charter received the confirmation of an Act of Parliament.

The power of supervising and controlling the practice of surgery by the corporation extended to the distance of seven miles only round the City of London, but the charter likewise declares, "That all and every of the said freemen and surgeons so examined, approved of, and admitted as aforesaid, might lawfully use and exercise the same art and science of surgery, as well within

the Cities of London and Westminster, the liberties and suburbs thereof, as in *any other cities, towns, boroughs, and places whatsoever of the kingdom of England.*"

The charter, moreover, declares, "That no one should go out from the Port of London, or send out any apprentice, servant, or other person whomsoever, from the same port, to execute or undertake the place or office of a surgeon for any ship, whether in the service of the Crown, or of any merchant or others, unless they and their medicines, instruments, and chests respectively, were first examined, inspected, and allowed by the masters, governors," &c., under the penalty therein mentioned. So that upon the whole, so far as a charter could confer privileges on surgeons, and a right of control over the art of surgery, that of Charles I. went a great step towards raising the character of that branch of the profession. As the corporation, consisting of the barbers and surgeons, possessed property in common, Charles could not legally separate the two mysteries by letters patents, so that they remained in union for a period of one hundred and fifteen years longer, as already mentioned.

In the year 1745 the surgeons were relieved from their connection with the barbers. It may appear rather wonderful that they should not have emancipated themselves before that time from their trammels. It is true, that, for many years after the granting of King Charles's charter, the stability of the Crown was not very certain, and that Parliament, when it existed, had other matters to require its attention; yet it might be supposed that during the period of more than fifty years, which intervened between the accession of William III. and the 18 Geo. II., the surgeons would have made some struggle for their release, especially when we consider that the greater part of that period constituted what has been called "the Augustan age of England." The fact, however, is, that the surgeons of London and the barbers of London continued to exist as one body corporate until dissolved, in 1745, by an Act of Parliament.

The preamble of this Act (18 Geo. II., c. 15), referring to the 32 Hen. VIII. (the statute which incorporates the two mysteries), declares, that "Whereas, since the said Act for incorporation of the said two companies, those of the said company practising surgery have, from their sole and constant study of, and application to, the said science, rendered the profession and practice thereof of great benefit to this kingdom; and whereas the barbers belonging to the said corporation are now, and for many years have been, engaged and employed in a business *foreign to*, and independent of, the practice of surgery; and the surgeons belonging to the same corporation being now become a numerous and considerable body, and finding their union with the barbers *inconvenient* in many respects, *and in no degree conducive to the progress and improvement of the art of surgery*," &c.; the two companies are, therefore, divided and constituted into two distinct bodies, that of the surgeons to be called "by the name of *Master, Governors, and Commonalty of the Art and Science of Surgeons of London.*"

Thus, after having been incorporated with the barbers for a period of rather more than *two hundred years*, the surgeons of London were at length, for the first time in the history of the country, made an independent body, although during the whole of that time the barbers were debarred from practising surgery, by the provision of the statute of the 32 Hen. VIII., "drawing of teeth only excepted." This Act (18 Geo. II.) confirms all the privileges and immunities granted by any statutes or charters to the surgeons up to the time of its being passed. It ordains, amongst other things, that all persons "who have already been, or hereafter shall be, examined and approved pursuant to the rules and orders of the said company, for so long a time as they shall use and exercise the said art or science of surgery, and no longer, shall and may at all times hereafter, be freed and exempted from the several offices of constable, scavenger, overseer of the poor, and all other parish, ward, and leet offices, and of and from the being put into, or serving upon, any jury or inquest." The letters testimonial of the company, under their common seal, is to be held as proof sufficient for exemption.

The new company is to be governed by *twenty-one* of its members, who are to be denominated the "Court of Assistants," and are to retain their offices during their natural lives. *One* of these is to be styled "principal master or governor," and *two* others are to be called "governors or wardens." These three officers are to be chosen annually by "the court of assistants," from among their own body. When any of the members of the court of assistants shall happen to die, or shall be removed for misconduct, or shall have resigned their office, the vacancy is to be filled up by the court of assistants, from among the freemen of the company. Moreover, *ten* out of the twenty-one constituting the court of assistants, are to be "examiners of surgeons;" and these "examiners," having been appointed, are to retain their office during their lives. In case of the death of any of the examiners the vacancy is to be filled up from among the rest of the court of assistants; and the vacancy in the court of assistants is to be supplied from among the freemen of the company, as before described. *Sixteen* out of the twenty-one, who were to constitute the court of assistants at its commencement, are named in the Act, and these, at their first meeting, have the power to add *four* to

their number, from amongst the freemen at large. The ten first examiners are specially named in the Act, and are, of course, among the sixteen already mentioned. "Provided also, and it is further enacted and declared, that John Ranby, Esq., principal sergeant-surgeon to his Majesty, shall be, and he is hereby constituted and appointed, principal master or governor, and that Master Joseph Sandford, and William Cheselden, Esq., two of the present wardens of the said united company, shall be, &c., the two other governors or wardens of the Company of Surgeons made, established, and incorporated by this Act," &c.

It is probable that it was, in a great measure, at the instance of Cheselden that the struggle was made by the surgeons to separate themselves from the barbers. Up to the time of this eminent professor, surgery, as a science, seems to have made but little progress in this country. It is unnecessary here to allude to the rapid strides it has made since that period, or to recall to the minds of the readers the names of the numerous eminent individuals who have shed lustre upon it within the last century.

I have already noticed that the charter of Charles rendered it penal upon any one who practised surgery in London, or within seven miles of the city, without having been duly examined and licensed; but, probably, the penalty could not have been legally enforced without an Act of Parliament, because it might have interfered with the rights of some others of the King's subjects. The present Act (18 Geo. II.), which fully confirms that charter, must evidently put it in the power of the corporation to impose the penalty awarded by the charter. The wording of the Act is very strong upon that point. It enacts, "that the said Company of Surgeons," &c., "and all persons who shall be freemen of the same company or corporation, shall have, hold, enjoy all and every such and the same liberties, privileges, franchises, powers, and authorities," &c., as the former corporation did enjoy "by virtue of the said recited Act of union or incorporation (with the barbers), *and the said letters patents of his said late Majesty King Charles the First respectively*, and other the royal grants, charters, and patents" &c., "*in as full, ample, and beneficial manner, to all intents and purposes, as if the same had in and by this present Act been expressly repeated and re-enacted.*" Then it proceeds: "And that they, and all such who already have been, or hereafter shall be, examined and approved, pursuant to the rules of the said company, shall be entitled to practise freely, and without restraint, the art and science of surgery, *throughout all and every of his Majesty's dominions*, any law or custom to the contrary notwithstanding." And, further, "Provided always, and be it hereby enacted, by the authority aforesaid, that this Act, or anything therein contained, shall not extend or be construed or taken to prejudice, abridge, or infringe any of the privileges, authorities, powers, rights, liberties, or franchises heretofore granted by any Act or Acts of Parliament, letters patents, charters," &c., "to the President and College or Commonalty of the Faculty of Physick in London."

Such is the substance of the Act of the 18 Geo. II. relating to surgeons. It must be admitted to be a very important one, not only in so far as it separates the surgeons from their connection with the barbers, but also in its general bearing upon the profession of surgery. It only required to be carried out properly to be rendered most useful both to surgeons and to the public. Although the power of inflicting a penalty upon unqualified practitioners extended only to the distance of seven miles round the City of London, still, if that clause had been properly and energetically enforced, much good might have been done in curbing the presumption of empirics; while at the same time persons qualified under the Act were declared free to practise the art and science of surgery throughout all the King's dominions.

But there is reason to believe, and at the same time to regret, that the statute became almost a dead letter in the hands of those whose duty it was to administer it. In truth, the Act appears to have been *lost*, and what became of it, or how it became lost, whether there be any one now living who can inform us I do not know. When I state that it was lost, I mean that the company, from some cause or other, allowed itself to dissolve; for, in the charter of the present college, the reason assigned for granting it, as stated by his then Majesty, is, "And whereas we are *informed* that the said corporation of Master, Governors, and Commonalty of the Art and Science of Surgeons of London, *hath become and now is dissolved*," &c. The Act is still on the statute-book, and has neither been repealed nor superseded by another Act of Parliament. I am not acquainted with the reason why, nor the mode by which, it became null and void. The present charter is nothing more than a revival of the statute, without possessing the force and authority of an Act of Parliament.

Fifty-five years (1800) after the Act for the separation of the surgeons from the barbers came into force, a charter was granted by King George III., in the fortieth year of his reign, for constituting the surgeons into a college, "by the name of *The Royal College of Surgeons in London.*" In the preamble, the various charters and statutes are mentioned which had previously regulated the art and science of surgery; and, last, the Act of his Majesty's grandfather, George II., which we have just been

considering. After stating that he is "informed" that the old corporation "hath become and now is dissolved," his Majesty, in the charter, proceeds to declare, that "Whereas it is of great consequence to the common weal of this kingdom, that the art and science of surgery should be duly promoted; and whereas it appears to us that the establishment of a college of surgeons will be expedient for the due promotion and encouragement of the study and practice of the said art and science; now we, of our special grace," &c., "and at the petition of James Earle, Esq., the late master, and divers other members of the aforesaid late corporation of surgeons, have willed, ordained, constituted," &c.

It is unnecessary to say more respecting the constitution of the present charter, than that it is the counterpart of the Act of Geo. II. It establishes a court of assistants, consisting of twenty-one members, whose office is for life, and of whom one is to be master and two to be governors, appointed annually. Also, ten of the said court of assistants, including the master and the two governors, are to be "examiners of surgeons." In case of a vacancy in the court of assistants the charter ordains that the preference shall be given to the two sergeant-surgeons to the Sovereign, and the surgeon-general to the forces, if these officials should not already be members of the court. The college has conferred upon it all the gifts, grants, liberties, privileges, immunities, possessions, &c., which the surgeons had ever enjoyed in virtue of any Acts of Parliament or charters. It is to be in no way under the jurisdiction of the corporation of the City of London. By order of the commander-in-chief of the forces, or by order of the lord high admiral, or commissioners for executing that office, it is bound to examine all candidates applying to be admitted into the army or navy respectively, and to inspect all instruments, &c., to be used for those services. All persons who were members of the old dissolved corporation were to become members of the college, provided they applied to be registered within six months after the date of the charter; but no other person, "unless he shall have obtained letters testimonial of his qualification to practise the art and science of surgery, under the common seal of the college hereby established; but every person who shall hereafter obtain such letters testimonial, under the common seal of the college aforesaid, shall thereby, by virtue of such letters testimonial, become and be constituted a member of the said college, subject to all the regulations, provisions, and by-laws of the said college." "No court or courts for the examination of any person or persons, touching their skill in surgery, shall ever be held but in the presence of the master, or one of the governors, and five of the members, at least, of the court of examiners of the said college." The master, governors, assistants, and examiners respectively, are to take an oath, prescribed by the charter, that they "will diligently maintain the honour and welfare of the said college, and in all things relating to their office, and with all manner of persons, act equally and impartially, according to the best of their skill and knowledge."

Such is an abstract of the provisions of the royal charter under which the College of Surgeons now acts. As the Sovereign is the fountain whence all honours flow, he or she may at pleasure confer any titles or privileges, by charter or otherwise, upon an individual, or a body of individuals, provided no persons are aggrieved thereby; but charters, when they award penalties for a breach of their provisions, do not carry the weight of an Act of Parliament with them into a court of law. But the charter of the College of Surgeons does not pretend to render it compulsory upon medical men, or surgeons generally, to become members of the body corporate. It leaves it optional for them to do so or not, according to their own discretion; so that, even if it were ratified by an Act of Parliament, it would require some new enactments to render it illegal for those who are not members to practise surgery.

But a question might even arise upon the law as it now exists, as to whether it may not be illegal to practise as surgeons in *London, and within seven miles of the same*, without a diploma from the college? It has been already mentioned that the charter of Charles I. renders it penal to do so, and that that charter was fully confirmed by the Act 18th Geo. II. Now the question is, How far the corporation established by that statute affects its enactments by *dissolving* itself? Geo. III., in the preamble of the present charter, says, "And whereas we are informed that the said corporation of Master, Governors, and Commonalty of the Art and Science of Surgeons of London hath become, and now is, dissolved." Supposing the members of that corporation had neglected their duties in such a way as not to fill up vacancies, or other things, according to the provisions of the Act of Parliament, and thereby cause its dissolution, does it follow that the Act itself ceases to be a part of the law? If it does cease, there is an end of it; but if not, cannot the present college still enforce its enactments? The present college is the old corporation restored under a new name as a body, but its officers bearing the same names of master, governors, and assistants. It is, then, a question, as stated before, whether the College of Surgeons of the present day be not as much under the influence of the Act 18th Geo. II. as the former corporation of surgeons was.

A supplementary charter was granted to the College of Surgeons by Geo. IV.,

changing the titles of "Master, Governors, and Assistants," into "President, Vice-Presidents, and Council," which titles the governing body at present bear and enjoy. As this charter does not otherwise make an essential alteration in the provisions of the former one, it is not necessary to notice it any further at present.

Although medical men may practise surgery, even in its higher departments, without possessing the diploma of the College of Surgeons, and although the charter of the college is not supported directly by an Act of Partiament, yet, Acts of Parliament passed since have not only acknowledged the authority of the charter, but have declared it essential that persons shall be members of the corporation before they can be eligible to certain public offices connected with the profession of medicine. No person, for instance, can be appointed surgeon to any gaol or house of correction who is not a member of one of the Colleges of Surgeons of the United Kingdom. This is by enactment of an Act of Parliament (4th Geo. IV.). Also, all surgeons in actual practise, being members of one of the Royal Colleges of Surgeons in London, Edinburgh, or Dublin, are specially exempted from serving on juries or inquests, by an Act of 6th Geo. IV. Likewise, according to the regulations of the army, the ordnance, the navy, the poor-law commissioners, most of the hospitals, infirmaries, and dispensaries, throughout the kingdom, &c., no medical man is eligible to be appointed to any office under them unless he possesses letters testimonial from one of the three Royal Colleges of Surgeons. So that, in point of fact, although a person may practise medicine and surgery simply by being a licentiate of the Apothecaries' Company, still, he is debarred from numerous privileges enjoyed by those possessed of a surgeon's diploma, and must frequently feel himself placed in an unpleasant position, both with regard to his medical brethren and to society.

The College of Surgeons is a purely *close* corporation by the constitution of its charter; I mean that its governing body is a close, self-elected, self-perpetuated body. The same remark which I have made respecting the College of Physicians will apply also to the College of Surgeons, namely, that, according to the notions and feelings in the present state of society, it must have more of the representative principle infused into it before it can prove satisfactory. The question is not, altogether, whether a body elected by all, or by a considerable number, of the members, would form better governors and better examiners than a body appointed under the present charter. One reform calls for another. I know something of corporations, both old and new, both *self*-elected and elected by the *people*, and I have an opinion respecting their comparative integrity and public honesty; but in any grand system, when one portion has been considerably altered, the rest must be also changed in order to make all its parts correspond. Admitting, then, the principle of representation in the college, as it has been already admitted in municipal corporations, still it is doubtful how far it would be *practicable* for *all* the members to have a voice directly in the election of the ruling body. Among so numerous a class as the members form, it would not be practicable to vote by proxy; at any rate, such a mode of voting might, and probably would, lead to a good deal of fraud. The consequence would be that only those residing in the metropolis and the immediate neighbourhood would vote; so that the same grievance would still be suffered by country practitioners; for it is not likely that they would be at the expense and trouble of a periodical visit to the centre of action for the sole purpose of enjoying the pleasure of the turmoil of an election among so numerous a body. The College of Physicians, under a new charter, might very well throw the franchise open to all its members, because they do not amount to six hundred in all, of all classes. The governing body might be rendered elective by the members at large, either for life or for a stated period. But with a class of *ten thousand*, although the *theory* might be the same, still, in *practice*, the business would be difficult to accomplish.

It is not intended in this place to speak of medical reform generally, but merely of a special reform of the colleges, admitting that they are to be permitted to exist and to perform some functions under a new dispensation. But even with respect to any alterations in the constitution of the two colleges, a consideration of them will come better hereafter.

But one observation is necessary, with regard to the members of the College of Surgeons, before quitting the subject. Their daily cry is for protection against quacks and unlicensed practitioners; and this cry is pretendedly raised, as well upon public grounds, for the protection of the public, as upon the principle that those who have been at the expense and trouble of learning a profession should have their interests protected in the exercise of it. Now, in order to prove their sincerity so far as the good of the community is concerned, the members should come into court with clean hands. How can they expect either Government or the public to listen to their complaints against empirics when they themselves willingly stretch out a helping hand for encouraging quackery, by opening large shops for the sale, amongst other things, of the nostrums of the very quacks of whom they complain?

There are, also, frequent complaints made against chemists and druggists for "prescribing over the counter." Surely, if mem-

bers of the college think proper to trespass upon the grounds of the chemist and druggist, and vie with him in the number of coloured bottles in their windows, and in the amount and variety of quack nostrums exposed for sale, they ought not to look with a very evil eye upon the latter if he should, in return, do a little business occasionally in their line. It is to be regretted that this state of things is by far the most prevalent where it ought not to exist at all, namely, in the metropolis of England. It is not so general a practice in country towns for surgeons to forget so far the respect due to themselves as professional men. General practitioners may rest assured that no sort of medical reform will render them respected as they ought, or avail in elevating their character in the opinion of society, until they prove that they know what *self*-respect is.

There cannot be much complaint made against the amount of qualification required by the College of Surgeons. It may, perhaps, be said that *four* years devoted to professional study is rather too short a period for the generality of students to acquire a sufficient knowledge of surgery to qualify them for the higher departments of the science. Until of late years the college required *six* years. But that which is much to be regretted is, that students are admitted to an examination for the *diploma* at the early age of *twenty-one*. In this matter, also, the college has marched in the wrong direction in reducing the required age from twenty-two to twenty-one. In all systems of education they ought to be made to apply to the average amount of mental capacity. It is true that the precocity of a few individuals would qualify them in everything but *experience*, at an earlier age than that required by the generality; but as experience is a very necessary ingredient in the qualification of a surgeon, society would be benefitted more by adhering to the rule than to the exception; and the hardship to those few whose early mental development distinguishes them from the rest of their brethren, would be more than counterbalanced by the consciousness that observation and experience are in accordance with the theoretical views which their minds so aptly and so readily comprehended. In case, therefore, the college should make any alteration in the present regulations, it is much to be hoped that it will require a maturer age than it does at present, before its diploma is granted; because the possession of that document raises the presumption that he who holds it is qualified to fill the highest offices in the department of surgery. It is hardly necessary to repeat that the *exception* only is in favour of a person being sufficiently prepared for such appointments at the early age of twenty-one.

So far as anatomy and surgery are concerned, I understand that the examination at the College of Surgeons is such as to afford a fair test of the student's knowledge in those departments; but can any one understand why midwifery (an essential branch of surgery) should not be included in the examination? Or why the board should require certificates for branches of the science in which it does not examine at all? Or, lastly, why it should require no test whatever of *classical* knowledge?

April, 9, 1843. SCRUTATOR.

MODE OF FORMATION OF THE ERGOT OF RYE.

THE formation of this substance, a subject both interesting and important to the medical practitioner, is thus explained by M. Debourge. The grains in which it appears first soften, become very friable, and undergo a species of fermentation, exhaling at the same time a very disagreeable smell. Their outer surface is now seen to be intersected with many small furrows, moistened by a whitish, viscous, and saccharine liquor, which reddens turnsol-paper. This liquor exudes in greatest quantity from the summit of the grain, where it agglutinates together all parts of the inflorescence. At this period, the perisperm becomes every where destroyed, except toward the summit, where it is the cause of the greater consistence of the ergot. The outer surface, previously white, now becomes brown, and afterwards black, first in the inferior portion, and then throughout the rest of the grain. The furrows disappear, the grain elongates, and it soon emerges from its outer covering (the glume) in all its distinctive characters. Thus, the formation of the ergot presents two distinct epochs; the first comprising the destruction of the perisperm, the softening, and the saccharine fermentation of the grain; and the second, the period of its assuming its deep colour and morbid enlargement.

It was formerly supposed that the ergot was the result, jointly, of a mal-development of the germ, and the presence of a parasitic fungus, which, though still hypothetical, has been denominated by some French authors *sphacelia segetum*. But what was considered by these to be the fungus at the superior extremity of the grain, is now shown by M. Debourge to be only the undestroyed portion of the perisperm, with some part of the hairy epithelium, the decayed stigmata, and sometimes anthers entire, agglutinated together by the viscous discharge. M. Debourge naturally asks how it is that a parasitic body should become marked with a similar longitudinal wrinkle, and covered with the same hairy epithelium, as the grain? The ergot invariably begins to form some time after the inflorescence of the rye and other *graminæ*, and for the most part, says M. Debourge, on the grains which are most tardy in their development.—*Gaz. Medicale.*

THE LANCET.

London, Saturday, April 29, 1843.

THE subject of MEDICAL REFORM was noticed in the HOUSE OF COMMONS on Tuesday evening last, and, in reply to questions proposed by Mr. MACAULAY, the minister answered that he intended to bring in a Bill during the present session, and that he confidently expected that it would be enacted into a law.

We therefore apprehend that in the course of a very few weeks, possibly within a few days, the worst fears of medical reformers will be realised. Instead of placing medical interests on a higher and a nobler foundation, it is intended, we are informed, on authority which we cannot doubt, to direct against the existing rights of the medical practitioners of this country, one of the deadliest blows that ever was aimed by a government against a body of men who have a hundred times petitioned for the removal of their manifold grievances. Hence, it becomes the duty of our professional brethren to prepare for the worst, and to resolve to petition and even to remonstrate, against the enactment of any Bill which shall provide for the repeal of the APOTHECARIES' ACT of 1815, unless it at the same time offers some protective provision against unqualified practitioners of equal, or greater, value than the provision to that effect which is to be found in that statute.

We hesitate not to say that the Bill of the Government has been concocted by a bad crew, and is, in fact, the crafty and dirty work of THE MONOPOLISTS. The following are the questions and answers to which we have referred, as we find them recorded in the report of the Parliamentary proceedings of the 25th inst.:—

MEDICAL REFORM.

Mr. MACAULAY asked the Secretary of State for the Home Department respecting a very important subject, namely, reform in the medical profession. Were those negociations which he had been told were in progress some time ago brought to such a termination as to enable the introduction of a Bill into Parliament on the subject? Secondly, was there any reasonable expectation of its being passed into a law this session? And, thirdly, if the right honourable baronet could not expect to pass a general measure on the subject this session,—whether he would introduce into the New Poor Law Act a clause to remedy the crying grievances under which the medical profession now laboured from the construction of the present law in the exclusion of Scotch and Irish medical men from practising in the workhouses?

Sir J. GRAHAM said, that the negociations had been so successful that in a very short period he should ask the leave of the house to introduce a measure with respect to the medical profession. Whether there was any hope of passing such a measure this year, of course must depend on the reception given to it. He was disposed to think that the measure was worthy the attention of the house, and he should bring it forward in the expectation that it would pass this session. He felt certain that he should be able this session to bring forward a measure on the subject, and he believed that it would pass into a law this session. On the third point, he felt that the practitioners of Scotland and Ireland were subjected to great hardship by the interpretation put on the Act with respect to English practitioners, and that some legislative measure was called for on that particular point.

OUR readers may recollect a passage in a recent number (p. 843) in a comment on the work of Sir A. CRICHTON, in which it is remarked that errors of professional judgment "do not always arise from want of experi-"ence, but from carelessness and haste, or "unpardonable negligence. Not only in "dispensary and out-patient hospital prac-"tice must fatal errors of this kind occur in "consequence of the number of patients who "are seen ("knocked off," we believe, is the "commoner term)* "in a limited time, but "the same deplorable consequence must un-"questionably happen even in private prac-"tice, if daily gain solely engrosses the "practitioner's mind, to the total exclusion "of the science of his profession." This

* On a recent occasion we saw sixty out-patients questioned and prescribed for at a London hospital in one quarter of an hour by one medical officer. Three a minute!

passage we shall take as a text for some comments to-day.

As organic chemistry marches on—the basis of an improved system of medical practice—it will become imperative that a rigorous examination of the products of the animal frame (the several humours and excretions of the body) should be employed in the investigation of disease. The period approaches when it will be incumbent on us,—not, perhaps, invariably, but, still, very often,—in prescribing—say for typhus, or purpura, or any of the numerous varieties of cutaneous affection,—that, by a chemical analysis, we should first ascertain the constituents and proportions of the proximate elements of the urine, the saliva, the expired breath, the perspired matter, perhaps the blood, possibly the fæces of the patient, before applying our remedies; and this process may have to be gone through, not once only, but several times in the progress of the malady. It is idle to say that the multifarious engagements of the practitioner already so effectually occupy his time as to preclude his devoting any attention to chemical analysis, and, accordingly, to render such analysis impracticable. It is perfectly practicable for medical men, of every denomination, to perform, for themselves, all the necessary processes of organic analysis, proximate or ultimate; and the time will come when these processes must, in part, constitute the daily investigation of medical cases. The individual who is incompetent, or negligent, in these methods of inquiry will stand no chance against his more industrious, and so more deserving competitor. The light will shine upon the latter in the early detection of disease, in the changes which occur during its progress, in the effects of remedies, in diagnosis, prognosis, and therapeutics, while the former will grope on, as heretofore, enveloped in the shadows of uncertainty. The time is, we repeat, approaching when the foundation of practice on the laws of organic chemistry will form the distinction between the enlightened physician and the mere pretender.

When, as medical practitioners, we are called upon to enter on any particular undertaking, the performance of which is a question of duty, our relations with the world around us must not suffer us to blink it. Difficult as the task may be, or even disagreeable, it must be looked boldly in the face, and preparation made to perform it. If medical men assert that they have *not time* to pay to cases the elaborate attention which declares itself to be necessary, we reply that, therefore, either the treatment of dangerous diseases should not be undertaken, or fewer cases must be attended in a given time, and *adequate remuneration* paid for each. So long as medicine remained based on an unsteadfast and empirical footing, with organic chemistry an undiscovered country, medicinal agents being thrown into the system pell-mell, to act according only to vague and *reputed* influence, little blame could rest upon medical practice if it indulged in metaphysical and hypothetical views, and, accordingly, was pursued blindly. But when science points the way to sounder principles, bidding fair, at last, to make the indications for particular remedies clear almost to mathematical demonstration, a new duty arises, and every ray of light that is shed must be employed in discovering and treading the new paths,—unless medicine is to be degraded from the high function which nature requires it to fulfil, into a mere instrument for collecting together the means of subsistence,—scanty enough, God knows, under the present order of things.

Although the onus may be greater, yet largely counterbalancing advantages wait on the adoption of what we may call *analytical practice*. One, and not the least, of these will be, besides the greater certainty of our remedies, and the more elevated position of medical men in the public estimation, the occupation of less time in the frivolities of practice, in the truckling to the caprices of patients. In some instances, also, visits to individuals who are suffering under disease may be fewer. The condition of a patient once clearly ascertained, and an

analysis of the fluids and excretions once made, we shall much more precisely predict the successive changes in these and the other phenomena which occur coetaneously during the disease. In the most simple cases the origin will at once be known, and the progress and termination rationally foretold. In the more complicated and severe cases the physician will be prepared for the occurrence of changes, and may calmly await them, instead of being surprised at their appearance, and hurrying to and from the bedside many times in the four and twenty hours, unable to predicate what phases may present themselves next, disquieted by continual anxiety as to the result, and either betraying uneasiness and irresolution, or assuming a knowledge which he does not possess, under a continual fear of detection. Great wear and tear of mind, as well as time, will thus be saved. When the significance of the variations which occur in the blood and urine are more fully disclosed, the physician who brings these fluids away and analyses them, or has them analysed, in his own laboratory, will, in the first place, find most valuable and instructive, and, we may add, for the most part, agreeable occupation for himself and his pupils—such occupation, indeed, as would render a medical pupilage far other than the *caput mortuum* that it too often is at present; and he will be far less frequently liable to form such mal-diagnoses and prognoses as are occasionally made under the existing system, or to fall into errors highly injurious, if not fatal, to his after-success in practice. Increased confidence would justly be placed by the public on its medical attendants, and the practitioner who used to attend twenty patients daily, prescribing for each a crown's-worth, perhaps, of superfluous physic, would make at least an equal income by confining himself to the treatment of five cases in the same time, and performing analyses relative to these at a guinea for each case, with less trouble and anxiety to himself, less grumbling from his patients, and more honour to the science of medicine at large.

But "Oh!" say some, "there are many "practitioners whose practice is not con- "fined to twenty, but who see thirty and "forty cases in a day; what is to become "of the surplus, if an attendance upon five "patients daily occupies the whole of their "time?" Why, if any one really undertakes more business than he can *properly discharge*, he should have less; no more, in fact, than he can rationally fulfil, leaving the "surplus" to other labourers. Indeed, the leviathans of "medical practice" will, with the spread of science, find it the most to their interest and comfort to resign voluntarily one half into other hands. The stethoscope has proved a considerable tax upon the time and profits of some of them. Organic chemistry will prove a greater. No longer will the *super-ordinates* enact the farce (at end a tragedy) of seeing patients by the score at home, a.m., and driving from house to house, p.m., for the rest of the day, to gather fees for crude guesses or mischievous opinions. For the public watches the progress of medical science with scrutiny, and will not be slow to find out who treat them upon exact principles and who by riddle. Fearlessly it may be affirmed that the practitioner who sees thirty patients in a day sees far more cases of disease (if they be all cases demanding treatment under competent direction) than he can adequately assist by healing means. Monopolies have ever been pests to society, and all should hail with enthusiasm events which tend to equalise the incomes of members of our profession, and to give to the medical world the form, aspect, and institutions of a republic of letters, rather than that of a body the great majority of which is ridden over, rough-shod, by oligarchical cliques, keeping back with pride and disdain those thoroughly-educated and qualified young men "of whom (as we have "before said) there cannot, for the public "weal, be one too many."

The growing necessity for chemical analysis in medical practice will, no doubt, give origin to a class of really *operative*

chemists, who will offer to make their chief pursuit the performance of the analyses required by medical practitioners; but, for good and weighty reasons, those who attend upon the sick will find it desirable *themselves* to perform the analyses that they require. Having learned, while yet students, in the conventional sense, practically how to handle retorts and light up furnaces, acquiring habits of accuracy at the balance, sagacity with the test-tube, and expertness with the blow-pipe, let not the chemistry they learned in the schools be any longer the effete and useless acquirement which it has too long been suffered to remain, after the entering on active practice. Let practitioners continue students, *de facto*, of organic chemistry, throughout their professional lives. Let scientific men not rest satisfied with exhibiting the coagulation of albuminous urine, or the solution of the lithates over a candle, or the decoloration of litmus-paper by the secretions, as mere pittances of the useful knowledge that they have acquired. Let them devote their energies to a higher chemistry, being assured that although it may not fully realise the dreams of the alchemists, it will carry its votaries far beyond any point that can now be indicated. And as the analytical practitioner will, assuredly, be the most active agent in restoring the health and prolonging the lives of his fellow creatures, so he will deserve, and must demand, ampler payment for his deeper researches into disease. To such practitioners will, in fact, belong, of right, the treatment of *really* grave diseases, leaving the rest to fashionable doctors, as cases which deserve not to occupy valuable time. The public will not be long in deciding to confide really dangerous cases to the practitioner who is willing to soil his hands with the processes of organic chemistry, instead of to one who deems it mean to use even a lancet.

Alkalies exist more abundantly in herbaceous than in woody plants.—*Dr. Graham.*

There is free carbonic acid, free oxygen, and free nitrogen, in blood.—*Dr. Sharpey.*

Description of the Skeleton of an Extinct Gigantic Sloth, Mylodon Robustus (Owen), with Observations on the Osteology, Natural Affinities, and probable Habits of the Megatherioid Quadrupeds in general. By RICHARD OWEN, F.R.S. Published by direction of the Council of the Royal College of Surgeons. London: John Van Voorst. 1843. 4to.

SUCH is the title of the splendid quarto of two hundred pages, embellished with twenty-four plates, which the council of the Royal College of Surgeons has recently published,—of course, for the advancement of *practical surgery*, and the knowledge and treatment of those diseases and accidents to which the human frame is liable, and which are taken by the College of Surgeons under its special care.

Had this work emanated from the Zoological, the Linnean, or the Geological Societies, we might have hailed its appearance with unmingled gratification. But, considering its utter worthlessness to the surgeons of Great Britain,—to the men by whose contributions this college is entirely supported, and the boundless stores of physiological and pathological treasures that are contained in the Hunterian collection, and which would be of inestimable value if placed within the reach of the general practitioner, by means of suitable publications,—it can only be regarded by all conscientious men who have any concern in the matter, as a profligate expenditure of the funds of the members, and a palpable misoccupation of the time and talents of their servant, the curator.

Deeply sensible how important is a knowledge of zoology and comparative anatomy, regarded as the basis of a sound education in surgery, we have again and again insisted upon its advantages to the student, on whose behalf a professorship of those branches of science ought to be instituted with the college funds, and the lectures opened to students and members, without charge. Nothing of the kind, however, is done, but the council expends the treasure of the college, and occupies the time and attention of its curator, on the anatomy of the *pearly nautilus*, and in an elaborate memoir on the skeleton of an extinct sloth, whose remains are only found in America, and of which sufficient was already known to satisfy the general inquirer, by the labours of Jefferson, Cuvier, Buckland, Harlan, Lund, and others.

In these remarks we are not criticising the execution of the work itself, which reflects credit both on the author and the artist, the lithographs being perfect as osteological drawings, and the descriptive anatomy excellent, though tediously minute, the most trifling inequality of every bone being described. Having broached the subject, however, we may as well say a few words on the special contents of the volume. It contains a review of the osteology of the several megatherioid animals which have been found fossil in America, and described under the names of *megatherium*, *megalonyx*, *orycotherium*, &c.; the subject of the present memoir, the *mylodon* (a strange name, by-the-by, for it literally signifies *molar teeth—tooth*), having been first noticed by Dr. Harlan. There appear to have been as many as five or six genera of these colossal beings, inhabitants of America, all of which are now extinct. At the period of their existence the Pampas, and the vast plains of the New World, were, in all probability, clothed with a dense vegetation, which served for the support of these lost herbivora. While their pigmy representatives, the sloths, live on the trees and feed upon the leaves and young shoots, the extinct races were evidently designed to inhabit the forests, finding shelter in natural caverns, or in burrows formed by themselves. Some,—the megatherium, for instance,—lived principally on roots and succulent plants; while others,—the mylodons, for example,—were of mixed habits, and probably fed partly on roots, but chiefly on leaves and the young shoots, obtaining a constant supply by climbing and wrenching off the branches of trees. Mr. Owen, however, in the absence, as we consider, of all proof, supposes that the mylodon possessed the "hitherto unknown and most extraordinary mode of obtaining food" (p. 162), of uprooting and prostrating trees. We protest against this hypothesis, which is neither warranted by the osteology of the animal, nor required by the conditions under which its remains occur. The great thickness of the diploe of the cranium possessed by the mylodon, in common with the sloths, and which Mr. Owen triumphantly adduces in support of his hypothesis (because the skull of the skeleton described exhibits two fractures of the outer table, both of which the animal appears to have survived), will equally support the fossorial, the radical, or scansorial theory. In truth, we surmise that Mr. Owen will find, upon due investigation, that thick skulls are not peculiar to the tardigrada, or the gravigrada, but occur also among the bimana, of which some instances are always at hand in his college. If our limits permitted it would be easy to show that the osteological peculiarities dwelt upon by the author in proof of the *felling* propensities of the mylodon, are all intelligible upon the hypothesis that the animal was partly a *radical* (as Dr. Buckland termed the megatherium) and partly a *climber*. The inversion of the hind foot, so as to rest on its outer edge, when standing on the ground, proves it to have been adapted for grasping and climbing, while the great strength of the pelvis, and the construction of the anterior extremities, alike evince the power they originally possessed of clasping and wrenching off boughs and branches. This hypothesis requires no assumption of "an hitherto unknown and most extraordinary mode of obtaining food," nor the existence of trees or roots of a greater magnitude than those which are contained in the existing flora of America.

We cannot conclude this brief notice without censuring the flippant manner in which Mr. Owen treats some of the opinions of the great founder of paleontology, Baron Cuvier. That eminent naturalist, as is well known, inferred, from the structure of the teeth, that the megatherium was herbivorous, and, from its claws, that roots constituted its principal support, opinions which have been adopted by the learned Oxford professor,—"Ses dents prouvent qu'il vivoit des végétaux, et ses pieds de devant robustes et armes d'ongles tranchans, nous font croire que c'etoit *principalement* leurs racines qu'il attaquoit." (*Ossemens Fossiles.*) Upon this Mr. Owen remarks that "the Cuvierian view assigns at the outset a kind of food *not indicated by the teeth*, and condemns the colossal creature to dig for each morsel, and so to the endless repetition of a task now assigned only to diminutive quadrupeds."

How any comparative anatomist can venture to assert that the teeth do not indicate that the animal *vivoit des végétaux* (lived upon vegetables), which is the food assigned to it at the outset of the Cuvierian view, it is difficult to conjecture; nor can we admit that the inference, derived by the illustrious Cuvier from the structure of the forefeet, that roots were its chief nutriment,

is at all invalidated by any of the investigations or arguments of Mr. Owen. A little more personal modesty, a little more deference to the opinions of the great men who formed the science of comparative anatomy, and hewed out the paths in which the industry of Mr. Owen has attained for him some distinction, and a little more fairness towards his fellow-labourers in paleontology, would do no harm to the reputation of the Hunterian professor of the Royal College of Surgeons. He has already more than once exposed himself to charges of very questionable literary morality; he could gain nothing by allowing his inclinations in this respect to revive, in any manner or form. He has been a most laborious and successful student, and has received considerable compensation not only in the shape of reputation for his labours, but also in pecuniary remuneration, and we should like to know what tasks the college intend to set him to execute in favour of *surgery*, which can be rendered available to their professional pursuits by the members at large.

DISCUSSIONS
AT THE
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.
THE NEW PRESIDENT AND THE NEW SECRETARY.

To the Editor of THE LANCET.

SIR,—The members of the Medico-Chirurgical Society are much indebted to you for your kind insertion of my letter respecting some talking gentlemen, who were becoming quite a nuisance to the society, but who have taken the hint conveyed in my epistle, and have not since visited the meetings. My object in the present communication is to draw your attention to a scene which occurred at the last meeting of the society. A valuable paper by Dr. Bostock, on some of the doctrines of Liebig, was read, after which the president inquired if any gentleman wished to discuss the questions involved in the paper? Three gentlemen addressed the society, but in the middle of the speech of the last speaker a member rose to order, and questioned whether it was competent for any one to enter into discussion on the merits of the doctrines of Liebig; and another speaker went so far as to declare that the paper of Dr. Bostock ought not to have been read at all, for it was a criticism on a book! And so, notwithstanding that Mr. Ancell (I believe it was) rose to speak on this interesting subject, the president either did not or would not see him, and requested the secretary to commence a second paper! Now, Sir, I would ask what subject would be more interesting to the profession at large, more advantageous to the general interests of science, than the discussion of doctrines the promulgation of which had literally taken the world by surprise? What, is the Medical and Chirurgical Society not competent to discuss these matters? Or is it more profitably employed with the reading of absurd papers on hysteria and mesmerism? Where should the doctrines of Liebig be discussed if not at a society composed of the *elité* of the profession? But enough of this, the interruption alluded to would not have occurred under either of the last two presidents; for I regret to say Mr. Stanley wants firmness for the proper fulfilment of his office, and is too much disposed to cut short the debates. At the meeting before the last we had too good evidence of that. If he is fearful of erring, I advise him that he err on the liberal side regarding the discussions, or he will soon preside over empty benches. *Verbum sat.*

A word, Sir, respecting our new secretary. He may be, and, I believe, is, a worthy good man, but he is, nevertheless, a miserable secretary, so far, at least, as reading the papers is concerned. Mr. Shaw seems to think that the merit of reading a paper consists in getting as quickly as possible to the end of it. As a steeple-chaser goes over hedges and ditches, and stops at nothing to get to "the appointed place," so our new secretary dashes along, never stops to correct mistakes he is constantly making, sometimes mumbling almost to himself, and when he is at his journey's end he could as little tell you, nor could any of his audience, what he had been reading as the steeple-chaser could point out the exact route he had taken. This is a serious evil, both to authors and hearers. Unfortunately, the evil becomes more manifest from the circumstance of the senior secretary being an excellent reader, and particularly careful to make himself heard and understood. If I might be allowed to use a simile, I should compare the effects of the reading of the two secretaries to the two fountains described in the exquisite song of Moore:—

> "The one was Memory's limpid stream,
> The other dark Oblivion's wave."

I recollect, when at school, the clerk of the parish church always read the prayers as though he had plums in his mouth, and the boys, accordingly, nicknamed him "Old Plums." I never hear Mr. Shaw but I think of "Old Plums." The mention of my school-days brings to my recollection two other personages, Mr. Lindley Murray and Demosthenes; an axiom from the one, and the following the example of the other, may be of advantage to the new secretary. The axiom is as follows:—

" Learn to read slow, all other graces
Will follow in their proper places."

And the example is to imitate the great orator in overcoming any natural defect of speech, if such exist, by determination and perseverance. I need not point out to Mr. Shaw the plan to pursue.* I am quite sure he will take these words of advice, as they are intended to be given, in a kindly spirit; and should they be effective in working an improvement, none will be more pleased than your obedient servant,

A LATE MEMBER OF THE COUNCIL.

NOTE FROM MR. SARGEANT, OF BATH.

To the Editor.—Sir: I thank you for the notice you have taken of the conduct of the committee of the Bath Hospital towards me, but at the same time I regret that you are led to introduce the name of Mr. Duncan in such a manner, as he is an excellent and charitable gentleman, more disposed to serve than injure any one; and with respect to myself, he was obliging enough to say that in conveying the sentiments of the committee to me, he was, as chairman, merely the instrument of the board. I am, Sir, your most obedient servant,

ARTHUR SARGEANT.

Bath, April 22, 1843.

*** We passed no critical remarks on Mr. Duncan, who (perhaps by an error of the press) was called "one Duncan" instead of Mr. Duncan. We fail, however, on re-examining the original documents, to find any opposition or protest on the part of that gentleman regarding the proceedings against Mr. Sargeant. Our respect, certainly, would have specially belonged to him had he *refused* to be "the instrument of the board." As to the polite manner of ambassadors, the old saw "*verba mollia*," &c., is applicable on all such occasions.

MR. SARGEANT, OF BATH.

(*Addressed to the Editor of* THE LANCET.)

THE committee of the Bath United Hospital abstain from remark on a certain article, viz., "Mr. Sargeant and the Bath Hospital Committee," published in THE LANCET of the 22nd of April, but the committee submit to the editor's sense of justice his giving publicity to the following documents, viz.:—

"*Bath United Hospital.*

"A statement has appeared in the *Bath Journal* of the 13th inst., reflecting upon the conduct of the trustees and committee of this institution. Understanding from this statement that their conduct may be submitted to a judicial inquiry, the trustees and committee express their hope that the friends and subscribers of this hospital will suspend their judgment until such an inquiry takes place.—P. B. DUNCAN, Chairman.

"United Hospital, March 13, 1843."

"*To the Subscribers of the Hospital.*

"An impression having been made on the public mind by a statement from the late house-surgeon, addressed to you in the last *Bath Journal*, comprising a certificate from us, from which it might be inferred that we, the surgeons, are acting in opposition to the committee of the United Hospital, and that we disapprove of the proceedings of that body respecting Mr. Sargeant,—we beg respectfully to state that our certificate had reference only to Mr. S.'s professional conduct, to his demeanour towards ourselves, and, so far as we had knowledge, towards the patients; and that such is the certificate, we have always given to every house-surgeon, on the expiration of his term of office, when his professional conduct merited it. We beg to add, that this testimonial was given for the purpose of assisting Mr. Sargeant's future prospects in his profession, and not with the intention of its being made use of as on the present occasion It is impossible that we can defend or extenuate Mr. Sargeant's disrespectful behaviour to the committee, or the offensive letter which he subsequently addressed to that body.

"GEORGE NORMAN, J. S. SODEN,
R. W. BROWN.

"Bath United Hospital,
March 14, 1843."

N. B.—As Mr. Sargeant lays some stress upon his dismissal from a situation which he "purchased," it may not be irrelevant to add, that Mr. Sargeant has occupied that situation about six months, and that one moiety of the fee paid to the surgeons for attending the surgical practice at the Bath United Hospital, as house-surgeon, has been returned to, and accepted by, that gentleman, for the unexpired term of his attendance.

POST-MORTEM SPLEENS.

To the Editor.—Sir: The quantity of crude speculations which your readers have lately been presented with on the office of the spleen was brought to a conclusion by your lengthened summary, showing the result to be even more jejune than might have been feared by those who were aware of the inanity of the subject. To sum up your summing up, nothing is yet known of the functions of the spleen. Still these canvassings of opinions, if brief, are agreeable

* What, send the "miserable secretary" to the sea-shore to spout medico-chirurgicalisms to the clamorous waves? Better send him to the famous Mr. Cartledge, of Astley's, to take lessons in what Mr. Richardson called "bould speaking" when he added Mr. C. to his Thespian troop.

enough. Every one, perhaps, has his peculiar opinions on the use of the spleen. I expect, however, that you will never know the truth until you meet with a case of opening in the abdomen opposite the spleen, as there was with regard to the stomach, permitting the changes to be observed as they occur, and then my opinion is that you would see,—what you would see.

But I would beg to know whether the pathology of the spleen be not as defective as its physiology? Whether the cases you have published (*passim*) of spleen disease be not erroneously stated? And I would add an appendix to this spleen dispute, in a few words on the morbid appearances thereof.

I had an opportunity, when assistant to Dr. Hodgkin, of carefully observing the state of the spleen in many hundred inspections, and I noticed the singular variations of character that it presented, particularly the very soft and pulpy state, which was usually ascribed to the effects of inflammation or specific disease. "See how inflamed the spleen is!" Cases have been thus described in your Journal. Now, this is only the result of a general atony, or relaxation of fibre, but, owing to the peculiar structure of the spleen, most marked or pronounced in that organ. It follows chronic diseases, prostration, typhus in hot weather, gangrene, hæmorrhagic diathesis, purpura, petechiæ, &c. The worst case was where the spleen was quite a pulpy, &c.

Along with the spleen the kidney, liver, heart, brain, &c., are in degree softened. There is cadaveric exudation; the course of the veins conspicuous. Other splenic phenomena are very interesting and important as concerned in fatal accidents. The duties of a coroner will be badly performed by one ignorant on these points. Your obedient servant,

April 16th. H. P.

THE PLACENTA.

To the Editor of THE LANCET.

SIR,—Allow me to suggest a very different view of the fact adduced by Mr. Stevens in support of his theory of placental structure. Indeed, that Mr. Stevens should have been able to leave the end untied, without exposing his patient to very serious hæmorrhage, is a powerful argument against the theory that he has advanced, and one which actually affords a strong corroboration of the existing opinions.

The placenta still remaining attached to the uterus, he tells us that the cord, being divided and left untied, *sometimes* bleeds freely, a phenomenon easily accounted for by supposing a large placenta, the blood contained in which is being expelled by the contractions of the uterus. But surely this bleeding would *always* be present if the maternal vessels inosculated with those of the umbilicus. Every accoucheur is acquainted with the consequences of part of a torn placenta remaining in the uterus. Can any material difference be alleged between the liability to hæmorrhage in this case, and under those circumstances which would ensue upon a division of the funis, supposing the truth of Mr. Stevens' hypothesis? Or, are we to allow any weight to the arguments deduced from comparative physiology? If so, let us look at the placentæ of a cow, where there is no bleeding from the detached surfaces. Let us also examine the glandulæ uterinæ with which these placentæ correspond, as they are seen in cases of inverted uterus after calving. Even at the instant in which the membranes are stripped off from them by the hand, they are quite free from any exudation of blood from the mouths of vessels, which must be latent if there had been a vascular inosculatory union between the separated parts.

This doctrine has been objected to as failing to show the manner in which contamination of the fœtus in utero takes place. Now all the diseases which are said to have been so communicated are of an infectious or contagious nature. We meet with no instances of the spread of non-contagious disease. Should we not continually meet with such if the maternal blood flowed to supply the child? And as to uterine infection, we meet with its analogue in the lungs. What part of our frame is more susceptible than the lungs are from external influence; for instance, from the halitus of variola? But certainly no part of the fœtal fluids ever returns into the circulation of the mother; else upon what principle can we account for the condition of a jaundiced fœtus in a healthy mother?

Considering the allegations in the last paragraph, I would rather complicate the quasi-pulmonic function of the placenta with a kind of endosmosis of its veins (a mode of action that is easily conceded to them when we reflect upon their ascertained uses in other parts) than admit of a direct umbilico-uterine inosculation. I would not, however, be understood to lay any stress upon this notion of venous absorption, which, in the absence of any available information on the subject of early nutrition, I merely regard as probable, the likelihood appearing greater when we remember that there is no necessity for the fœtus to make use of the maternal vessels for the formation of its blood, as it is endowed with powers of sanguification from the earliest period of its separate existence.

After my expressed intention to confine my communications within the narrowest limits, I cannot do more in this than give one of my reasons for believing this organ to be the fœtal substitute for lungs. I will not recur to minute anatomy in endeavouring to refute Mr. Stevens's theory, since his obser-

vations clash so remarkably with mine, and with those of most modern physiologists.

In the first place, that the fœtal blood does become deteriorated in the course of its circulation; that the deterioration is much of the same nature as that which takes place in the blood of the adult; that the remedy for this altered state, and the preventative against suffocation, lie in the due performance of a function which is similar in its effects to respiration; and that this remedial process is provided for the fœtus through the intervention of the funis,—all this is amply proved by the appearances of what may be termed "placental asphyxy,"—appearances which many of your readers must have had opportunities of comparing with those of asphyxia from drowning. The argument, it is true, so far as I have yet stated it, might be brought forward in support of either theory. Let us, therefore, continue.

What is the reason (and reason there must be) of so large a portion of the blood returned by the umbilical vein passing through the liver? Adopting Mr. Stevens' views, it would be difficult to find an adequate answer to this question. But, considering the placenta simply as the organ of aëration, this very fact lends a fresh confirmation to our theory. The liver acts precisely as it does in the adult; it matters little whether the blood be submitted to its action before or after aëration, although in this latter condition we discover the reason of the comparatively large size of the organ in the fœtus, a greater supply of the blood being required in that state. Here, also, is the cause of the peculiar appearance of the bile at this stage of existence, an appearance which connects it with those rare instances on record of bile developed in a liver supplied by arterial blood alone. I am, Sir, your most obedient servant,

E. C. (not Ele.)

Dorset-street, Portman-square,
April 16, 1843.

QUOTATIONS FROM REVIEWS.

To the Editor.—Sir: The Lancet has now for many years unflinchingly befriended the public by exposing all sorts of professional delinquencies. I therefore address to you this note. On the cover of The Lancet for this week I observe the following advertisement:—

"A Practical Treatise on Pulmonary Consumption; its Pathology, Diagnosis, and Treatment, &c. By Francis Cook, M.D., physician to the Louth General Dispensary. —'A very neatly written work, which contains many useful hints for those afflicted with this dreadful disease, as well as some concise tables of physical diagnosis.'—*Medico-Chirurgical Review.*"

I have the review in question, from which the above professes to be a quotation, and I shall doubtless astonish the honest and ingenuous part of your readers when I affirm that no such passage can be found in the original. Now, Sir, I do not inquire whether Dr. Cook's "little book" be good or bad; nor will I take up either time or space by discussing its "useful hints," or (what by the editor of the "British and Foreign Quarterly Review" is deemed) "its inanities;" but I do ask whether it is just, gentlemanly, or honourable, to omit, alter, or add words to any sentence of a review, and then to palm it upon the public as the *original* language or passage. I am by no means anxious to censure Dr. Cook, or any other author, for any act that is not his own, and shall therefore be glad if he can publicly deny his having had any knowledge of, or participation in, this proceeding. I willingly hope that this false quoting may be a device of the trade, who sometimes try

> ——"all tricks and slights to cheat,
> To sell their carrion for good meat."

I confidently appeal to your sense of justice to give this note a place in your excellent Journal, and remain, Sir, your obedient servant,

A Constant Reader.

April 24, 1843.

*** Many letters respecting this book have reached us, begging to know our opinion of its contents, as though very little consideration was placed on the judgment or good faith of the "Medico-Chirurgical Review,"—a seedy concern, distinguished only by its occasional impertinences on the subject of medical reform and medical reformers. We shall, therefore, take the trouble to examine the volume again, which at the first inspection seemed to contain nothing worth repeating for its novelty in The Lancet.

ST. GEORGE'S HOSPITAL SCHOOL.

The distribution of prizes to the students of this hospital took place on Tuesday last, at the theatre in Kinnerton-street. Sir Henry Halford presided, and presented the rewards (the works of writers on the subjects for which the awards were given) and honorary certificates. A senior and a junior prize, with four honorary certificates, were given. No prize was awarded on the subject of clinical surgery, which was offered by Sir Benjamin Brodie. Some blunder arose on the subject, according to Mr. Cæsar Hawkins, who, on addressing the president, said that "how the error had arisen he knew not." Alluding to the point, Sir B. Brodie observed, that on retiring from his official connection with the hospital he had proposed the prize, as he had ever observed that it was only by studying cases at the bedside that any practical proficiency was obtained in the healing art of surgery. By "studying cases" he

meant a persevering attention to every symptom that showed itself in their progress, noting them down as they occurred, and reflecting over them, so as to produce a strong impress on the memory. This was the only way to study surgery, and he presumed that such a plan would be equally effectual in the sister study of medicine. He often had (even in the present day) occasion to refer to the notes of cases and lectures which he had taken while a student. While a surgeon of the hospital he perceived many students taking notes of cases, and he hoped that the practice was still continued. He then eulogised the conduct and bearing of students and practitioners as gentlemen, by which term he meant to imply honesty of purpose and integrity of character, whether riding in a baronet's carriage or walking in a carter's smock, &c. &c. On the whole, he intimated that a fop was not necessarily a gentleman, and that a true gentleman could not be a fop, and that of all men the medical fop was the worst gentleman.

We have received a list of the students who obtained prizes and certificates, beginning with Mr. Teggart and ending with Mr. Budd, but as we do not think the tribunal itself, at such distributions, worth a rush, we do not give the names of the successful candidates who came under judgment on the present occasion.

BENEVOLENT SOCIETY.—Mr. C. R. Walsh, secretary to the Society for Relief of Widows and Orphans of Medical Men in London and its Vicinity, has forwarded to us the following statements:—The late Duke of Sussex became the patron of this society on the death of the Duke of Kent, in 1820. As soon as the death of his Royal Highness, on Friday last, was made known, an extraordinary court of directors was summoned, by requisition, to consider the propriety of postponing the annual dinner of the society. The dinner had been appointed to take place on Saturday, the 29th inst. (to-morrow), and the Duke of Cambridge had consented to preside on the occasion. The postponement was unanimously resolved on. No other day can, with propriety, be fixed until the termination of the court mourning, when it is probable that the stewards will again endeavour to obtain the presence of the Duke of Cambridge.

WORKS ISSUED IN NUMBERS.—*To the Editor.*—Sir: Professor Owen announced in his first Hunterian lecture this season, that his lectures would be published in numbers, from notes taken by Mr. Cooper, and revised by himself; and in the hall of the college a notice was stuck up, informing the auditors that each number would contain three lectures. Calculating, therefore, that I should get the whole twenty-four lectures for eight shillings, I desired my bookseller to supply me with them as they came out; but now I find, by a note at the bottom of the title-page of the third number, that the lectures will not be completed in less than ten or twelve numbers, so that I shall probably have to pay twelve shillings for the lot. This is a species of trade trickery to which, &c. &c. I am, Mr. Editor,

April 25th. ONE OF THE TRICKED.

*** This cause of quarrel seems to arise between authors and subscribers on *every* occasion in which works are issued in numbers, but experience having taught the public how probable is their disappointment, they begin to buy with the risk. If all agreed to wait until such works were complete, few would be commenced; for the issues in parts is made as well for the accommodation of the public as to suit the means of the authors. There is but one remedy for the evil. Publishers should refuse to put forth the first number until the MS. of the whole was in their hands, and they can themselves act with it as *men of business*, and the public should buy only those works in parts which are issued by houses which have a just reputation for honesty and precision in such matters.

ROYAL COLLEGE OF SURGEONS IN LONDON.

LIST of gentlemen admitted members on Friday, April 21, 1843:—C. E. Hatherly, F. Manning, G. P. H. Milsom, A. W. Gabb, S. Curtis, R. H. Bradley, J. Williams, T. Pollard, E. Dewes, W. Pollard, W. Millington, C. Scaife, T. Slater.

The communications of *Dr. Philson* and *Amicus Curiæ* next week.

ERRATUM.—In the announcement of Dr. Gavin's work, at page 143, two misprints occur, which are rectified in the following copy of the title —

On Feigned and Factitious Diseases, chiefly of Soldiers and Seamen; on the means used to simulate or produce them; and on the best modes of discovering impostors. By Hector Gavin, M.D., M.R.C.S., &c. London: J. Churchill, 1843.

In Dr. Watts's paper on Diabetes, at page 74 of the present volume,

For

First stage	Lactic acid, Lithate of ammonia.	
Second stage	Fat, Sugar.	
Third stage	Lactic acid, Emaciation.	

Read

First stage	Lactic acid, Lithate of ammonia, Fat,	Second stage.
Third stage	Sugar, Lactic acid, Emaciation.	Second stage.